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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

GEORGE S. TRAGER, P.A.

Mailing Address Principal Place of Business 333 ARTHUR GODFREY RD #104 333 ARTHUR GODEREY RD #104 MIAMI BEACH FL 33140-0697 MIAMI BEACH FL 33140-0697 2a. Mailing Address

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90122 007 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/15/1980 FEI Numbe Applied For 2. Principal Place of Business Not Applicable 59-2015264 21 26 \$8.75 Additional Suite, Apt. #. etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaigri Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Ζıρ This corporation owes the current year intangible Yes □No Personal Property Tax 25 30 24 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name TRAGER, S. GEORGE Street Address (P.O. Box Number is Not Acceptable) 82 333 ARTHUR GODFREY RD #104 MIAMI BEACH FL 33140 83 85 Zip Code 84 Çity 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE (NOTE Reciprore Agent suitables request when remainfulgi Signature, typen or printed name of registered agent, and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change □ DELETE 1.1 TITLE TITLE TRAGER, S. GEORGE 1.2 NAME NAME 333 ARTH. GODFREY RD 104 13 STREET ADORESS STREET ADDRESS MIAMI BEACH FL 14 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP ITI Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 C ™ ST-ZiP CITY-ST-ZIP [T] Change [T] Addition ☐ DELETE TITLE 4.1 T/T/E NAME : 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIF CITY-ST-ZIF Addition □ DELETE 5 1 TITLE Change TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - \$1 - Z!P CITY-S1-ZIF Change ☐ Addition DELETE S 1 TITLE TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIF

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:火

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR