

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90046 043 \*\*\*150.00

DOCUMENT # 686865

1. Corporation Name

DAVID BORSTEIN, INC.



Principal Place of Business

9116 CYPRESS GR. DR. #107

JACKSONVILLE FL 32256  
US

Mailing Address

9116 CYPRESS GREEN DR. #107  
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1980

4. FEI Number

59-2023001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 9116 CYPRESS GREEN DR

Suite, Apt. #, etc.

22 107

City & State

23 JACKSONVILLE FL

Zip

24 32256

Country

25 DUVAL

2a. Mailing Address

26 9116 CYPRESS GREEN DR

Suite, Apt. #, etc.

27 107

City & State

28 JAX FL

Zip

29 32256

Country

30 DUVAL

9. Name and Address of Current Registered Agent

BORSTEIN, DAVID

9116 CYPRESS GREEN DR. #107  
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

DAVID BORSTEIN

82 Street Address (P.O. Box Number is Not Acceptable)

9116 CYPRESS GREEN DR

83

#107

84 City

JACKSONVILLE

FL

85 Zip Code

32256

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

DAVID BORSTEIN

David Borstein 3-29-99

Signatures, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BORSTEIN, DAVID  
STREET ADDRESS 8974 BROOKSHIRE CT  
CITY-ST-ZIP JAX FL

TITLE S ☐ DELETE

NAME BORSTEIN, EVELYN S  
STREET ADDRESS 8974 BROOKSHIRE CT  
CITY-ST-ZIP JAX FL

TITLE VP ☐ DELETE

NAME BORSTEIN, CHARLES A.  
STREET ADDRESS 12757 LOGGREN RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP ☐ DELETE

NAME BORSTEIN, DONALD K.  
STREET ADDRESS 8607 DEERMOSS WAY E.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 or 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:

CHARLES A BORSTEIN 1-5-99 904-731-0354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

0042672