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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90057 039 ***150.00

02/23/99

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 691880

1. Corporation Name
WILLIAM H. STOLBERG, P.A.



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 110 TOWER - 16TH FLOOR 110 SE 6TH STREET FT LAUDERDALE FL 33301 | 110 TOWER - 16TH FLOOR 110 SE 6TH STREET FT LAUDERDALE FL 33301 |

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 <u>800 S.E. 3rd Ave.</u> Suite, Apt. #, etc. | 26 <u>800 S.E. 3rd Ave.</u> Suite, Apt. #, etc. |
| 22 <u>4th Floor</u> City & State | 27 <u>4th Floor</u> City & State |
| 23 <u>Ft. Lauderdale, FL</u> Zip Country | 28 <u>Ft. Lauderdale, FL</u> Zip Country |
| 24 <u>33316</u> 25 | 29 <u>33316</u> 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified | Applied For |
| 06/25/1981 | <input type="checkbox"/> Not Applicable |
| 4. FEI Number | Additional Fee Required |
| 59-2097749 | \$8.75 |
| 5. Certificate of Status Desired | May Be Added to Fees |
| <input type="checkbox"/> | \$5.00 |
| 6. Election Campaign Financing Trust Fund Contribution | |
| <input type="checkbox"/> | |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

STOLBERG, WILLIAM
110 SE 6TH STREET
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

| | |
|---|--------------|
| 81 Name | 85 Zip Code |
| <u>William Stolberg (SAME)</u> | <u>33316</u> |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| <u>800 S.E. 3rd Ave.</u> | |
| 83 | |
| <u>4th Floor</u> | |
| 84 City | |
| <u>Ft. Lauderdale, FL</u> | |

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | PD STOLBERG, WILLIAM H |
| STREET ADDRESS | 110 SE 6TH STREET |
| CITY-ST-ZIP | FT LAUDERDALE, FL 00000 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Same |
| 1.3 STREET ADDRESS | Same |
| 1.4 CITY-ST-ZIP | 800 S.E. 3rd Ave., 4TH FLOOR |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Ft. Lauderdale, FL 33316 |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: William H. Stolberg **WILLIAM H. STOLBERG, President** (954) 525-2300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)