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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F54849

(7)

NEAL S. LITMAN, P.A.

Principal Place of Business

Mailing Address

FILED Apr 27 1998 8:00am Secretary of State



2000 S DIXIE MIAMI FL 331		2000 S DIXIE HWY #200 MIAMI FL 33133	ı	DO HOT HOUTE IN THE	0.404.05
				DO NOT WRITE IN THI 3. Date Incorporated or Qualified	S SPACE
				12/23/1981	
2. Principal P	lace of Business	2a. Mailing Address	^ ~!	▲ FFI Number	Applied For
21 24/2) SW 28th TULACE		U Joh TU	(ACL) 59-2174780	Not Applicable
Suite, Apt	#, elc. Flool	Suite, Apt. #, etc. 27 AND FLOOK		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	: '31	City & State 28 Miami	71.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33132	3 25 DAIX	29 33333 E	30 DAD	This corporation owes or has paid the operation of the personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent	1041	10. Name and Address of New Registere	d Agent
LITMAN, NEAL S. 81 Name					
2000 \$ DIXIE HWY #200 MIAM! FL 33133			2900	odress (P.O. Box Number is Not Acceptable)	
			83 300	Floor_	
			84 City	ami F	85 Zip Code
44 Durewant	to the provisions of Spetions 607.050	02 and 607 1509. Florida Statut	M M		
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	Signature, typod or printed name of registered ag	unt and title if applicable. (NOT	F: Registered Agent signature re	equired when reinstating) DATE	
12,		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSD	DELETE	1.1 TITLE		Change
NAME	LITMAN, NEAL S.		1.2 NAME	on ou arth trulage and	Flore
STREET ADDRESS	2000 S DIXIE HWY #200		1.3 STREET ADDRESS	1900 SW 38 th Tulace, Qui Hami. 71.33133	11.00
CITY-ST-ZIP	MIAMI FL	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE	MAMIL 71.00100	Change Addition
TITLE NAME	•	DECER	2.2 NAME		□ bliginge □ Audition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY+ST-ZIP			2. 4 CHY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE		DECEME	6.2 NAME		C Change C Nontion
NAME Street adoress			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.