

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

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90030 009 \*\*\*150.00



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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999

DOCUMENT # G08279

1. Corporation Name  
HOWARD W. MUROFF, P. A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1333 S UNIVERSITY DR. PLANTATION FL 33324	Mailing Address 1333 S UNIVERSITY DR. PLANTATION FL 33324
---	---

3. Date Incorporated or Qualified 11/09/1982	
4. FEI Number 59-2230487	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 300 So. Pine Island Rd Suite, Apt. #, etc. 22 110 City & State 23 PLANTATION, FL Zip 24 33324	2a. Mailing Address 26 300 So. Pine Island Rd Suite, Apt. #, etc. 27 110 City & State 28 PLANTATION, FL Zip 29 33324	Country 25 USA 30 USA
--	---	-----------------------------

9. Name and Address of Current Registered Agent

MUROFF, HOWARD W.  
1333 S UNIVERSITY DR.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) 300 So. Pine Island Rd.	
83 SUITE 110	
84 City PLANTATION	85 Zip Code 33324

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: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MUROFF, HOWARD W	
STREET ADDRESS	10071 NW 2ND STREET	
CITY-ST-ZIP	PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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 empowerers.

SIGNATURE: HOWARD W. MUROFF 4/28/99 924/370-1300

CR2E034 (1/98)