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

04-01-1999 90117 014 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # G16537 1. Corporation Name

EPSTEIN & SHAPIRO, P.A.

Principal Place of Business Mailing Address									\$11 B1B1+ B1B1+ 1	91911 B1011 1091
1776 N. PINE ISLAND ROAD		1776 N.	1776 N. PINE ISLAND ROAD							
SUITE 316			SUITE 316				DO NOT WRITE IN THIS SPACE			
PLANTATION FL 33322 US			PŁANTATION FŁ 33322 US				3. Date Incorporated or Qualifed			
03		•					12/15/1982			
2. Principal Pla	lace of Business	2a. Ma	iling Address				4. FEI Number		Ap	plied For
21		26	<b>g</b>	•			59-2241750		No	ot Applicable
Suite, Apt. i	#, etc.		ite, Apt. #, etc.				Certificate of Status Desired		\$8.75	Additional
22		27					5. Certificate of Status Desired		Fee Re	equired
City & State	e	City	y & State				6. Election Campaign Financing		\$5.00	
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip		Count	гу		8. This corporation owes the cur	rent year Inta	angible Yes	□No
24	25	29		30			Personal Property Tax.  10. Name and Address of New I	Pagistared :		
	9. Name and Address of Curre	ent Registere	d Agent		1 N:	ame	10. Name and Address of New	registerou /	Agent	
FPS1	TEIN, STUART A			Ľ						
	S N. PINE ISLAND ROAD			8	2 S1	reet Addre	ess (P.O. Box Number is Not Accept	able)		
	E 316			8	3	••	H			
	NTATION FL 33322			Ľ						
				8	4 Ci	ty		FL	85 Zip	Code
11 Purcuant f	to the provisions of Sections 607 05	502 and 607 1	508 Florida Statute	s. the abo	ve-na	med corpo	oration submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the Stat	te of Florida S	Such change was at	uthorized b	v the	corporatio	n's board of directors. I hereby acce	pt the appoir	ntment as re	egistered
agent. I ar	m familiar with, and accept the oblig	gations of, Sec	Ction 607.0505, Flor	rida Statute	£5.					
SIGNATURE	Skinature, typed or printed name of registered a	gent and title if appl	inopia (NOTE	Conintered As		ature required	t when reinstating)	DATE		
	4-g		RIGADIO. (NOTE.	: regisiereu ng	peni sign		· · · · · · · · · · · · · · · · · · ·	20000		
12.	OFFICERS A	AND DIRECTO		13.	ent sign		ADDITIONS/CHANGES TO OF		D DIRECTO	
12.	OFFICERS A								D DIRECTO	ORS IN 12
			ORS	13.						
TITLE	PD	AND DIRECTO	ORS	13.		-				
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS