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

Mailing Address

1001 W CYPRESS CREEK RD

FT LAUDERDALE FL 33309

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # G40797**

Principal Place of Business

1001 W CYPRESS CREEK RD

320 FT LAUDERDALE FL 33309

PODOLSKY & ASSOCIATES OF FLORIDA, INC.

US US						3. Date Incorporated or Qualifed		
•						05/24/1983		
2. Principal Pl	Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21	26					59-2298083	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 A	l I
22						- Flate Control - Flate Control	<del></del>	
¬ · · · · · · · · · · · · · · · · · · ·						6. Election Campaign Financing	\$5.00 Added t	
23	28			Country		Trust Fund Contribution		o rees
Zip								
24 25 29 30				Torontal Traperty Tuni				
Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
PODOLOWY PARRY				81	Name .			
PODOLSKY, BARRY				82	2 Street Address (P.O. Box Number is Not Acceptable)			
1001 W CYPRESS CREEK RD				_	Silect Address (F.O. Sox Manual Intervious Assessment)			
SUITE 320				83		· 一下的人。不是一个	1915年1	
FT LAUDERDALE FL 33309							क्षा है भी है है । संस्था	
			- 1	84	City	FI	85 Zip (	ode
<u> </u>	(0 + 007.0500	1 507 4500 Florido Stotuto	. 45		named sarn	peration submits this statement for the purpose of	changing its	registered
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,								
COMATURE								
0.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered A	gent s	signature requires	d when reinstating) DATE		
12.	OFFICERS ANI		13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	DPST DELETE		1.1 TITL	1.1 TITLE		The state of the second	☐ Change	☐ Addition
NAME !	PODOLSKY, BARRY			1.2 NAME				
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CITY-ST-ZIP	ET LAUDEDDALE EL			1.4 CITY-ST-ZIP				
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	PODOLSKY, SUSAN			2.2 NAME				
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STREET ADDRESS				2.3 STREET ADDRESS		,		
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NAME	PODOLSKY, BRIAN			ИE				
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			5.2 NAM			**		_
NAME '					ADORESS	•		
STREET ADDRESS	ESS .				T ADDRESS .			
CITY-ST-ZIP	·			Y-ST-				□ Addition
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NAME	,		6.2 NAN					
STREET ADDRESS	· •	•	6.3 STR	REETA	ADDRESS			[
CITY ST 7ID		<del>-</del>	6.4 CITY					
14. I hereby o	ertify that the information supplied wit	this filing does not qualify for	the exem	nptio	n stated in S	Section 119.07(3)(i), Florida Statutes. I further cer	tify that the i	nformation

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.

**FILED** 

Jan 23, 1999 8:00 am Secretary of State

01-23-1999 90058 006 \*\*\*150.00

DO NOT WRITE IN THIS SPACE