1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G57248

1. Corporation Name

JEFFREY	y a. sarf	OW, P.A.) 1519 1 5 11 6 1	881 JAN 81811 I		
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Principal Place	e of Business		M	lailing Addre	ess				()98		20, 1011 01211 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
300 S PINE ISL	LAND RD		-	O S PINE IS	LAND RD								
304 304 9019 PLANTATION FL 33324-9619 PLANTATION FL 3					EL 20224 0610	224.061Q			DO NOT WRITE IN THIS SPACE				
PLANTATION FL 33324-9619 US			US		rL 33324-3013			H	3. Date Incorporated	or Qualifed			
			•						08/15/1983				
2. Principal Pl	lace of Busine	ess	2a	. Mailing A	ddress		1-40-7		4. FEI Number			Ar	oplied For
21			26		,				59-2309148			No	ot Applicable
Suite, Apt.	#, etc.		1	Suite, Apt	#, etc.				5. Certifcate of Statu	e Decired		+	Additional
22		্জি হালিছা র ৮ চিজা	27		إماء بدعت البحيا	₹ ~~ ·	٠. ت	· · ·	5. Certificate of State	· ~		Fee Re	equired
City & State	te			City & Sta	ate			(Election Campaign				May Be
23			28	,					Trust Fund Contril				to Fees
Zip	-	Country	L	Zip	_	Country	У	1	8. This corporation o		rent year Int		
24		25	29			30			Personal Property Name and Addre		Demintored	Yes	□No
	9. Name	and Address of Curre	nt Regi	stered Age	<u>nt</u>	81	Name		u. Name and Addre	SSOFNEW	registered	Agent	
SARI	ROW, JEFF	REY A				"							
		AND RD #304				82	Street	Address	(P.O. Box Number is	Not Accept	able)		
		33324-9619				83							-
,		000210010				"	1						
								•			FL	85 Zip	Code
						84	City						
44 D	4- 4b	no of Coctions 607 0E	- 02 and 0	607 1600 E	Inrida Statutes	the abov	o named	1 corporati	ion submits this state	ment for the	nurnose of	changing its	registered
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90092 037 ***150.00