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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90021 002 \*\*\*150.00

	1999 DIVISION OF CORPORATIONS				02-21-1999 90021 002 ***150.00			
T. Corporati	IMENT # <b>G6</b> on Name EL S. FEINMAN, P.A				<b>.</b>			
	,,,, , , , , , , , ,							
Principal Plac	ce of Business	Mailing Address		<u> </u>				
4300 N UNIVERSITY DR #B100 4300 N UNIVERSITY DR #								
LAUDERHILL FL 33351 LAUDERHILL FL								
						DO NOT WRITE IN TH  3. Date Incorporated or Qualifed	IIS SPACE	
						11/04/1983		
Principal Place of Business     2a. Mailing Add			SS .			4. FEI Number	- A	pplied For
21 26 Suite, Apt. #, etc. Suite						59-2371939		ot Applicable
22	. #, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired	•	Additional equired
City & Sta	te	City & State				6. Election Campaign Financing		•
23		28				Trust Fund Contribution		May Be to Fees
Zip	Country	Zip		country	/	8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	☑ Yes	□No
	9. Name and Address	of Current Registered Agent		81	Name	10. Name and Address of New Registere	d Agent	
FEINMAN, MICHAEL S.								
4300 N UNIVERSITY DR #B100					Street Add	fress (P.O. Box Number is Not Acceptable)		
LAU	DERHILL FL 33321			83				****
				84	City		05   7in	Codo
						F		Code
Office or i	realsterea abeni or noan in	i the State of Florida. Such chand	e wae authori:	700 hii	the comorati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its	registered
agent. I a	am familiar with, and accept	the obligations of, Section 607.09	05, Florida S	tatutes	i,	and app	OHRITICHE ES TO	gistoreu
SIGNATURE	Signature, typed or printed name of	registered agent and title if applicable.	(NOTE: Registe	and Ager	at eigneture require	ed when reinstating) DATE		
12.		ICERS AND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	)RS IN 12
TITLE	Р	☐ DEI	.ETE 1.1	TITLE			☐ Change	Addition
NAME	FEINMAN, MICHAEL S		1.2	NAME				
STREET ADDRESS	4300 N UNIVERSITY (	DR .	1.3	STREET	T ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL S			CITY-S	T-ZIP		,,	
NAME	FEINMAN, EILEEN S.	☐ DEI		TITLE			Change	☐ Addition
STREET ADDRESS	4300 N UNIVERSITY (	)R		NAME				ĺ
CITY-ST-ZIP	LAUDERHILL FL	//·		1SIREE1 4CITY-S	ADDRESS			
TITLE		☐ DEL		TITLE	11-217		Change	☐ Addition
NAME			3.2	NAME			,	
STREET ADDRESS			3.3	STREET	ADDRESS	•		-
CITY-ST-ZIP				. CITY-S	T- ZIP			
TITLE		☐ DEL		TITLE			Change	☐ Addition
NAME STREET ADDRESS				2 NAME				
CITY-ST-ZIP					ADDRESS			
TITLE	-	☐ DEŁ		CITY-ST	1-ZIP 1	,	Change	Addition
NAME				NAME				
STREET ADDRESS			5.3	STREET	ADDRESS	•		
CITY-ST-ZIP				CITY-ST	- ZIP			
TITLE		☐ DEL		TITLE			Change	Addition
NAME				NAME	ļ			
STREET ADDRESS			6.3	STREET	ADDRESS			i

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 empowered.