


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

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # G86107</b>					
1. Corporation Name <b>ALAN J. POLIN, P.A.</b>					
Principal Place of Business <b>3300 UNIVERSITY DR                  CORAL SPGS FL 33065                  US</b>			Mailing Address <b>3300 UNIVERSITY DR                  CORAL SPGS FL 33065                  US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		9. Name and Address of Current Registered Agent <b>POLIN, ALAN J.                  3300 UNIVERSITY DR                  SUITE 601                  CORAL SPRINGS 33065</b>	
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 re-registering) DATE: _____					
12. OFFICERS AND DIRECTORS TITLE NAME [ ] DELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME [ ] DELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME [ ] DELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME [ ] DELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME [ ] DELETE STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE [ ] Change [ ] Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE [ ] Change [ ] Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE [ ] Change [ ] Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE [ ] Change [ ] Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE [ ] Change [ ] Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE [ ] Change [ ] Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		

99 APR 30 PH 3: 13

STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/23/1984**

4. FEI Number  
**59-2382200** Applied For Not Applicable

5. Certificate of Status Desired [ ] **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax  Yes [ ] No

10. Name and Address of New Registered Agent

FL 85 Zip Code

000002870320--5  
 -05/11/99--01004--007  
 \*\*\*\*150.00 \*\*\*\*150.00

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.

SIGNATURE: **Alan J. Polin, PRES.** 4-26-99 (954) 755-3408  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (11/98)