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

**PROFIT CORPORATION** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

## May 15 1998 8:00am ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H10521 (3)ALLAN JAY ATLAS, PROFESSIONAL ASSOCIATION Principal Place of Business Mailing Address % ALLAN JAY ATLAS % ALLAN JAY ATLAS

8415 S.W. 107 AVENUE \$169W MIAMI FL 33173		8415 S.W. 107 AVENUE #189W MIAMI FL 33173				DO NOT WRITE IN THIS SPACE				
					Ī	3. Date Incorporated or Qualified				
							06/27/1984			
2. Principal P	Place of Business	2a. Mailing Address					4. FEI Number		<u> </u>	oplied For
21		26				59-2428168			ot Applicable	
Suite, Apt.	#, etc	Suite, Apt #, etc.				5. Certificate of Status Desired	] \$		Additional equired	
City & Stat	le	City & State					6. Election Campaign Financing Trust Fund Contribution	_		May Be to Fees
Zip	Country	Zip	С	ountry			8. This corporation owes or has paid th	ne curren	year In	tangible
24	25	29	30			1	Personal Property Tax due June 30.		es [	□ Ño
	9. Name and Address of Curre	nt Registered Agent					10. Name and Address of New Regist	ered Age	ınt	
ΙA	ILAS, ALLAN JAY			81 Name						
84	15 S.W. 107 AVENUE #169W			62	Street Address (P.O. Box Number is Not Acceptable)					
MI	IAMI FL 33173			63			<u> </u>			
				84	City	,		, E	5 Zip	Code
							ration submits this statement for the purp	FL °		
agent la	am familiar with, and accept the obli-	gations of, Section 607.0505,	, Florida S	tatutes	i.		n's board of directors. I hereby accept th	DATE		
12.		VD DIRECTORS	13		T BIQUE	Rure required	ADDITIONS/CHANGES TO OFFICERS		RECTO	RS IN 12
TITLE	PSTD	DELETE		TITLE		- Т			Change	Addition
NAME	ATLAS, ALLAN JAY	<b></b>		NAME					-	
STREET ADDRESS	8415 SW 107 AVE #169W			STREET	ADORE	ss				
CITY-ST-ZIP	MIAMI FL			4 CITY-51						
TITLE		DELETE		TITLE					Change	Addition
NAME	i		2.2	2 NAME						
STREET ADDRESS			2.3	3 STREET	ADDRE	ss				
CITY-ST-ZIP			2	4 City - S	iT - ZIP					
TITLE		☐ DELETE	3.	TITLE					Change	Addition
NAME			3.3	2 NAME						
STREET ADDRESS			3.3	3 STREET	<b>ADDRE</b>	ss				
CITY-ST-ZIP				4. CITY - S	7-2iP	<u> </u>			0	
TITLE		DELETE		1 TITLE				L	Change	Addition
NAME				2 NAME						
STREET ADDRESS				3 STAEFT		SS ]				
CITY-ST-ZIP		Driete		1 CITY - S	r-ZIP	<del></del>		···	Change	☐ Addition
TITLE		☐ DELETE	-	1 TITLE		1		ب	rusula	L MUUIIIOII
NAME				2 NAME						
STREET ADDRESS				3 STREET		35				
CITY-ST-ZIP		DELETE		4 CITY-S	1 - SIP	<del></del>		<del></del>	Change	Addition
TITLE		בן טנננונ		† TITLE					Ottariåe	
NAME	1			2 NAME						
STREET ADDRESS			63	3 STREET	ADDRE	55				

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 suppliernontal 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter on an attachment with a particles.

SIGNATURE:

SIGNATURE:

**FILED**