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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # H15750**

LEE B	GARTNER, P.A.						
	•						1 (1884) 1 (1884) 1 (1884) 1 (1884) 1 (1884) 1 (1884) 1 (1884) 1 (1884) 1 (1884) 1 (1884) 1 (1884) 1 (1884) 1
611.6	(D)		22. 4.1.1				
Principal Place of Business Mailing Address							
3300 UNIVERSI	TY DRIVE		O UNIVERSITY DRIVE				
SUITE 408 SUITE 408 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065							DO NOT WRITE IN THIS SPACE
US	33 FE 33003	US	TEN SPRINGS TE 3000				3. Date Incorporated or Qualifed
							08/08/1984
	lace of Business	2a.	Mailing Address	_			4. FEI Number Applied For
21	GME	26	SAM	<u>~</u>			<b>59-2500028</b> Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired
City & Stat	•		City & State				
23		28	ony a oncio				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country		Zip	Cou	ntry		8. This corporation owes the current year Intangible
24	25	29	[:	30	_		Personal Property Tax.
	9. Name and Address of Current			<u></u>	<u> </u>		10. Name and Address of New Registered Agent
					81	Name	A A Property of the Article Control of the Ar
GARTNER, LEE					82 Street Address (P.O. Box Number is Not Acceptable)		
3300 UNIVERSITY DRIVE					62 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 408					83		THE RESERVE OF THE PROPERTY OF THE PARTY OF
CORAL SPRING FL 33065							· · · · · · · · · · · · · · · · · · ·
					84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 60	7.1508, Florida Statute	s, the a	bove	e-named o	corporation submits this statement for the purpose of changing its registered
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Floridations of.	a. Such change was au Section 607.0505, Flori	thorized da Stati	l by utes.	the corpoi	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	the some		≥	Z	1	= =	
SIGNATURE	Slocature, typed or printed name of registered agent	and title if	applicable. (NOTE: I	Registered	Agen	t signature rec	required when reinstating) . DATE
12.	OFFICERS ANI	D DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD .		☐ DELETE	1.1 TI	ΓLE		☐ Change ☐ Addition
NAME	Gartner, Lee B.			1.2 N	ME		
STREET ADDRESS	3300 UNIVERSITY DRIVE, SUITE	408		1.3 S1	REET	ADDRESS	
CITY-ST-ZIP	CORAL SPRING FL			1.4 CI	TY-ST	-ZIP	•
TITLE			☐ DELETE	2.1 Tr	ΠE		☐ Change ☐ Addition
NAME				2.2 N	ME	ļ	·
STREET ADDRESS				2.3 \$1	REET	ADDRESS	
CITY-ST-ZIP				2.4 C	TY-S	T- ZIP	- +
TITLE			☐ DELETE	3.1 TI	ΓLE		☐ Change ☐ Addition
NAME				3.2 NA	ME		
STREET ADDRESS				3.3 ST	REET	ADDRESS	No. 18. 18. 19. 17. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
CITY-ST-ZIP				3.4. C	_	T- ZIP	
TITLE			□ DELETE	4.1 TI	ΊE		Addition

6.4 CITY-ST-ZIP 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 proof/s 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 justee 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 or an attachment with an address, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

Change

☐ Addition

Addition

**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

02-17-1999 90080 045 \*\*\*150.00