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 # H21224

LAWRENCE R. MICHAELS, P.A.

May 03, 1999 8:00 am Secretary of State

05-03-1999 90020 041 ***150.00



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Principal Plac	e of Business : ;	Mailing Address				- t iffikëll atra liabi ifilia (1946 4/0)) gjal	8:8:1 8:812 4:8:1 BIAII A	:B(01011 }001
		1541 SUNSET DR. STE.3	TF 301					
CORAL GABLES FL 33143			CORAL GABLES FL 33143		DO NOT WIDITE IN	TUIO OBACE		
						DO NOT WRITE IN	THIS SPACE	
	,					3. Date Incorporated or Qualifed		Į
						09/14/1984		No A Fee
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		plied For
21		26				59-2522064		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re	I
22		City & State				6 5 N O size Size size	\$5.00	
City & State		├ ¬ *	'			6. Election Campaign Financing Trust Fund Contribution	Added to	
23 Zin	Country	28	Cou	ntrv		. 		31,000
·		29				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		
24	9. Name and Address of Curre	11	1301	T		10. Name and Address of New Registe		=
	3. Maille Blid Address of Curre	in nagistarea ngom		81	Name		4	
MIC	HAELS, LAWRENCE R.			\sqcup				
	1 SUNSET DR., STE. 301			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
-		•		83				
COF	RAL GABLES FL 33143					·	 -	
	, •**			84	City		FL 85 Zip C	Code
44	to the previous of Sections 607.05	02 and 607 1508 Florida Stat	tutoe the a	hove	named como	ration submits this statement for the purpo	se of changing its	registered
office or i	registered agent, or both, in the State	e of Florida. Such change was	authorized	l by ti	he corporation	n's board of directors. I hereby accept the	appointment as reg	gistered
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Stati	utes.				
SIGNATURE	<u> </u>	Alcohol Market M	TE. Basistand	Annat	signature required	when reinstating) DA	TF	
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	Agen	algitature required	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	PD	□ DELETE	1,1 π	TLE		and the state of t	☐ Change	Addition
NAME	MICHAELS, LAWRENCE R.		1.2 N					
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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 of on an attachment with an address, with all other like empowered.

SIGNATURE: