Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDĂ DEPARTMENT OF STATE

## Kathe ine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H31164

Principal Place of Business

DONALD S. ZUCKERMAN, P.A.

FILED
Apr 26, 1999 8:00 am
Secretary of State
04.96.1000.00106.017.***159.75

04-26-1999 90186 017

|--|--|

2701 OAKBRO	S. ZUCKEHMAN OK MANOR	2701 OAKBROOK MAN					
FT LAUDERUA		FT LAUDERDALE FL 33332			DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed		
					11/21/1984		
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	Apr	lied For
21	•	26			59-2472107	Not	Applicable
Suite, Act	#. etc.	Suite, Apt. #, etc.				\$8.75 A	Iditional
22		27			5. Certifcate of Status Desired	Fee Re	uired
City & Sta	nte	City & State			6. Election Campaign Financing	\$5.00	lav Be
<b>─</b> ′		28			Trust Fund Contribution	Added to	
23	Country	Zip	Country		8. This corporation owes the current year	ntangible	/
24	25	29	30		Personal Property Tax.	☐ Yes	No
	9. Name and Address of Cur		1301		10. Name and Address of New Registere	d Agent	
	3. Maine and Address of Cur	Tont registered rigoni	81	Name			
ZUO	CKERMAN, DONALD S.						
	1 OAKBROOK MANOR		82	Street Acc	dress (P.O. Box Number is Not Acceptable)		
	LAUDERDALE FL 33332		83	<del> </del> -		<del></del>	
•••	EMODELIDALE I E 0000E		63				
			84	City	F	85 Zip C	ode
				<u> </u>			
11. Pursuan	t to the provisions of Sections 607.	0502 and 607.1508, Florida St	tatules, the above	e-named cor	poration submits this statement for the purpose	of changing its printment as rec	r∋gisterea istered
agent.	am familiar with, and accept the po	ligations of Section 607.0505.	, Florida Statutes		tion's board of cirectors. I hereby accept the app		20
SIGNATURE	A = A = A = A	Smyla	_ ku	<b>&gt;</b>	3	-26-6	14
SIGNATURE	Signature, typed or printed nai ie of registered	agent and title if applicable. (	NOTI: Registered Ager	nt signature requ	red when reinstating) DATE		
12.		ANE DIRECTORS	13.		ADDITIC NS/CHANGES TO OFFICERS /		
TITLE	PTD	☐ DELETE	E 1.1 TITLE			Change	☐ Addition
NAME	ZUCKERMAN, DONALD S.		1.2 NAME				
STREET ADDRESS	s 2701 OAKBROOK MANOR		1.3 STREE	TADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		14 CITY-S				
TITLE		DELETE				Change	Addition
NAME		_	2.2 NAME	1			
			2.3 STREE	TANNDECS			
STREET ADDRES	5		2.4 CITY-5				
CITY-ST-ZIP	<del> </del>	DELETE		)1·4IF		Change	Addition
TITLE	\	ت مرود	3.2 NAME			_ ,	
NAME							
STREET ADDRES	S			T ADDRESS			
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP		Change	Addition
TITLE						i ronande	☐ Addition
NAME	1	☐ DELETE		-			
		<u> </u>	4, 2 NAME				
STREET ADDRES	s	€ DELETI	4, 2 NAME	T ADDRESS		<u>_</u>	
STREET ADDRESS	s i		4. 2 NAME 4.3 STREE 4.4 CITY-S				
	s	☐ DELETE	4, 2 NAME 4,3 STREE 4.4 CITY-S E 5.1 TYLE			☐ Change	☐ Addition
CITY-ST-ZIP	s		4. 2 NAME 4.3 STREE 4.4 CITY-S				☐ Addition
CITY-ST-ZIP			4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME				☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP			☐ Addition
CITY-ST-ZIP TITLE NAME			4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T-ZIP			☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELET!	4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T-ZIP		☐ Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	s	☐ DELET!	4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S E 6.1 TITLE 6.2 NAME	T-ZIP		☐ Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	s	☐ DELET!	4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S E 6.1 TITLE 6.2 NAME	T-ZIP  T ADDRESS T-ZIP  T ADDRESS		☐ Change	

14. Thereby certify that the information supplied with this filling 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:

IGNATU SE AND TYPED OR P SINTED JAME OF SIGNING OFFICER OR DIRECTOR