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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **H66307**

1. Corporation Name

GROSSIV	MAN ANU ROTH, P.A.				}				
Principal Place	of Business	Mailing Address		·			I SI MUDILI JUNE BINI	EIDIÍ AIÐIT EIDII A	(BIL BIRIL (BB)
% NEAL A. ROT	тн	% NEAL A. ROTH			}				
2665 SOUTH BAYSHORE DRIVE 2665 SOUTH BAYSHORE DRIVE			IIVE	E		DO NOT I	WRITE IN THI	S SPACE	
MIAMI FL 33133-5401 MIAMI FL 33133-5401					3	. Date Incorporated or Qual			
					"	07/15/1985			į
2 Principal Pl	ace of Business	2a. Mailing Address			4	. FEI Number	<del>-</del>	Ap	plied For
21	acc 0. 500m.000	26				59-2560342		No	t Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			<u> </u>			\$8.75 A	dditional
22		27			5	Certifcate of Status Desire	ed 🛄	Fee Re	quired
City & State	e	City & State			6.	. Election Campaign Finance	cing	\$5.00	May Be
23		28				Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Country	•	8.	. This corporation owes the	current year I		
24	25		30			Personal Property Tax.		<del></del> _	□No
	9. Name and Address of Current	Registered Agent	81	Name	10	. Name and Address of N	ew Registere	u Ayent	
р∩т	H, NEAL A.								
	SOUTH BAYSHORE DRIVE		82	Street A	ddress (	P.O. Box Number is Not Acc	ceptable)		
	AI FL 33133		83			<del></del>	<del></del>		
	W 1 E 00 100		00						
			84	City			F	85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abov	e-named c	orporation	on submits this statement for	the purpose	of changing its	registered
Affica or re	egistered agent or both in the State o	if Florida. Such change was au	thorized by	the corboi	ration's b	poard of directors. I hereby a	iccept the app	ointment as reg	gistered
agent Lai	m familiar with, and accept the obligation	ons of Section 607.0505. Flori	da Statutes	١.					
agent. Lai	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes	i.					
agent. I ai SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes	·. 		reinstating)	DATE		<del>,</del>
agent. I ai SIGNATURE	m familiar with, and accept the obligation of the supervisor of th	and title if applicable. (NOTE: 1)  D DIRECTORS	Registered Age	·. 		,			RS IN 12
agent. I ai	m familiar with, and accept the obligation of the state o	and title if applicable. (NOTE:	Registered Age  13.  1.1 TITLE	·. 		reinstating)		AND DIRECTO	<del>,</del>
agent. I ar SIGNATURE 12.	m familiar with, and accept the obligation of registered agent OFFICERS AND PD ROTH, NEAL A.	and title if applicable. (NOTE: 1)  D DIRECTORS	Registered Age  13.  1.1 TITLE  1.2 NAME	nt signature red		reinstating)			RS IN 12
agent. I as SIGNATURE  12.	Signature, typed or printed name of registered agent OFFICERS AND PD ROTH, NEAL A. 2665 SOUTH BAYSHORE DR	and title if applicable. (NOTE: 1)  D DIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature red		reinstating)			RS IN 12
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agent. I ar SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD ROTH, NEAL A. 2665 SOUTH BAYSHORE DR MIAMI FL VP	and title if applicable. (NOTE: 1)  D DIRECTORS	Registered Age  13.  1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	nt signature red		reinstating)			RS IN 12
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or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information urate and that my signature shall have the same legal effect as if made under oath; that I am an extra this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied wit indicated on this annual report or supplements officer or director of the corporation or the re Block 12 or Block 13 if changed, or on an area

6,3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3015- V42- F664