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**

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90017 022 ***150.00

DOCUMENT # **H77263**

1. Corporation Name

ARNOLD R. GINSBERG, P.A.

				51	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X.		<u> </u>	! Bloll bibli (bol	
Principal Place of Business Mailing Address					9.50	The second secon	海军等			
% ARNOLD R. GINSBERG 66 W FLAGLER STREET 410 CONCORD BUILDING MIAMI FL 33130		% ARNOLD R. GINSBERG 66 W FLAGLER STREET 410 CONCORD BUILDING MIAMI FL 33130			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
							09/23/1985			
2. Principal Pi	Principal Place of Business 2a. Mailing Address						FEI Number	\rightarrow	Applied For	
21		26				_	59-2581099		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5.	Certificate of Status Desired	s Desired Sa.75 Additional Fee Required		
City & State		City & State				6.	Election Campaign Financing	\$5.00	0 May Be	
23		28				Trust Fund Contribution	Added	to Fees		
Zip Country Zip			Country			8.	This corporation owes the current year Inte			
24	25 29 30						Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren	t Registered Agent	8		- ·	10.	Name and Address of New Registered	gent		
GINSBERG, ARNOLD R.				וי	Name			•	1	
66 WEST FLAGLER STREET 410 CONCORD BUILDING MIAMI FL 33130			82	2	Street Addres	ss (F	P.O. Box Number is Not Acceptable)			
			8:	3						
			84	4	City		FL	85 Zip	Code	
						-atia		i	ts registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE		AIOTE		1.	signature required w	than r	reinstating) DATE			
				9111 2	signature required w		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	
12.	DP OFFICERS AN	☐ DELETE	1.1 TITLE				ADDITIONS INTO ESTA TO STATE PARTY	Change		
NAME	GINSBERG, ARNOLD R.		1.2 NAME							
STREET ADDRESS	66 W FLAGLER ST		1,3 STREE		ADDRESS				ţ	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S						ŀ	
TITLE	THE OWNER OF THE OWNER	☐ DELETE	2.1 TITLE					Change	e ☐ Addition	
NAME			2.2 NAME						1	
STREET ADDRESS			2.3 STRE		ADORESS				}	
CITY-ST-ZIP			•	2. 4 CITY-ST-ZIP					}	
TITLE	DELETE		3.1 TITLE					☐ Change	Addition	
NAME		_	32 NAME							
STREET ADDRESS	1		3 3 STRE		ADDRESS				1	
CITY-ST-ZIP			3 4. CITY-ST-ZIP							
TITLE	DELETE		4.1 TITLE					Change	e Addition	
NAME			4. 2 NAM				<		}	
STREET ADDRESS					ADDRESS				}	
CITY-ST-ZIP			1	4.4 CITY-ST-ZIP					1	
TITLE		☐ DELETE	5.1 TITLE		-	_		Change	e Addition	
NAME			5.2 NAME		.				-	
STREET ADDRESS			53 STRE	ET A	ADDRESS					
CITY-ST-ZIP			5.4 CITY-	ST-	·ZIP					
TITLE			6.1 TITLE					☐ Change	e 🗀 Addition	
NAME			6.2 NAME		1				Í	
ł .			6.3 STRE	ETA	ADDRESS		v		}	
STREET ADDRESS			6.4 CITY-ST-ZIP						-	
CITY-ST-ZIP	İ		•							

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 tipe opporation or the redeliver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears to Block 12 or Block 13 if changed, or on an absorbment with an address, with all other like empowered.

SIGNATURE: