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 # H78683

1. Corporation Name

ALFRED IKENSON, P.A.

Principal Place of Business	Mailing Address
C/O ALFRED IKENSON 1717 WHITEHALL DR FT LAUDERDALE FL 33324	C/O ALFRED IKENSON 1717 WHITEHALL DR FT LAUDERDALE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
10/01/1985

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-2590997**	Applied For · Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
23	28		
Zip / Country	Zip / Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
IKENSON, ALFRED 1717 WHITEHALL DR FT LAUDERDALE FL 33324	81 Name *IKENSON, ALFRED* 82 Street Address (P.O. Box Number is Not Acceptable) *10081 NW 2ND St* 83 84 City *PLANTATION* FL 85 Zip Code *33324*

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 *Alfred Ikenson* DATE *1/16/99*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST NAME IKENSON, ALFRED STREET ADDRESS 1717 WHITEHALL DR CITY-ST-ZIP FT LAUDERDALE FL	☐ DELETE	1.1 TITLE *PST* 1.2 NAME *IKENSON, ALFRED* 1.3 STREET ADDRESS ✓ *10081 NW 2ND St* 1.4 CITY-ST-ZIP ✓ *PLANTATION FL 33324*	☑ Change ☐ Addition
TITLE D NAME IKENSON, ALFRED STREET ADDRESS 1717 WHITEHALL DR CITY-ST-ZIP FT LAUDERDALE FL	☐ DELETE	2.1 TITLE *D* 2.2 NAME *IKENSON, ALFRED* 2.3 STREET ADDRESS ✓ *10081 NW 2ND St* 2.4 CITY-ST-ZIP ✓ *PLANTATION FL 33324*	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alfred Ikenson* REQUIRED *1/16/99* *(954) 474-5457*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #