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PROFIT . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **H80525**

1. Corporation Name

MOSKOWITZ MANDELL SALIM & SIMOWITZ PA

İ	VVIIZ, MANDELL, SALIIVI & S	MY10 11 17 12						<b>0   1</b>
Principal Place	e of Business	Mailing Address				18 14881 9141 BIÐIT 4	01011 01814 01041	O(D) ( D) O ( ) ( D)
800 CORPORAT		800 CORPORATE DR						
SUITE 510 SUITE 510					<u>'</u>			
FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334			ļ		DO NOT V	VRITE IN THIS	SPACE	
US		US			3. Date Incorporated or Qualit	fed		_
2. Principal P	lace of Business	2a. Mailing Address	<del> </del>		4. FEI Number		A	oplied For
21		26			59-2588564		<u> </u>	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					-\$8.75	Additional
22		27			5. Certifcate of Status Desired	· 🗆	Fee Re	equired
City & State City &		City & State	y & State		6. Election Campaign Financi	ng 🛘	\$5.00	May Be
23 28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the o	current year Int		_
24	25	29	30	<del></del>	Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of Ne	w Registered	Agent	
1400	WOWNTZ ANOLIACI W		81	Name				
MOSKOWITZ, MICHAEL W.			82	Street A	ddress (P.O. Box Number is Not Acce	eptable)		_
800 CORPORATE DRIVE					· · · · · · · · · · · · · · · · · · ·			
	E 510		83		•	•	. ,	
FT. L	_auderdale fl 33334		84	City			85 Zip	Code
				-		FL	•	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above	-named o	orporation submits this statement for	the purpose of	changing its	registered
office or re	egistered agent, or both, in the State of mailting with, and accept the obligation	if Florida. Such change was au ons of. Section 607.0505. Flor	ithorized by t ida Statutes.	the corpor	ration's board of directors. I hereby ac	cept the appoi	munent as re	gistered
								1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Panistered Agent		quired when reinstating)	DATE		_
40			registered Agent	signature re				
12.		DIRECTORS	13.	signature re	ADDITIONS/CHANGES TO			
TITLE	OFFICERS AND			signature re-	ADDITIONS/CHANGES TO DV		ND DIRECTO	ORS IN 12  X Addition
		DIRECTORS	13.	s signature re	ADDITIONS/CHANGES TO DV SIMOWITZ, SCOTT E.	OFFICERS AN		
TITLE	DP .	DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO DV	OFFICERS AN		
TITLE NAME	DP MOSKOWITZ, MICHAEL W.	DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDRESS	ADDITIONS/CHANGES TO DV SIMOWITZ, SCOTT E.	OFFICERS AN		
TITLE  NAME  STREET ADDRESS	DP MOSKOWITZ, MICHAEL W. 800 CORPORATE DR, STE 510	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET.	ADDRESS	ADDITIONS/CHANGES TO DV SIMOWITZ, SCOTT E. 800 CORPORATE DR. S	OFFICERS AN		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	DP MOSKOWITZ, MICHAEL W. 800 CORPORATE DR, STE 510 FT. LAUDERDALE FL 33334	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST.	ADDRESS	ADDITIONS/CHANGES TO DV SIMOWITZ, SCOTT E. 800 CORPORATE DR. S	OFFICERS AN	☐ Change	
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	DP MOSKOWITZ, MICHAEL W. 800 CORPORATE DR, STE 510 FT. LAUDERDALE FL 33334 DVS MANDELL, CRAIG J 800 CORPORATE DR, STE 510 FT. LAUDERDALE FL 33334 DVT SALIM, WILLIAM G JR 800 CORPORATE DR, STE 510	D DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET. 1.4 CITY-ST. 2.1 TITLE 22 NAME 23 STREET. 3.1 TITLE 32 NAME 3.3 STREET. 3.4 CITY-ST 41 TITLE 4.2 NAME 4.3 STREET. 4.4 CITY-ST 4.4 CITY-ST	ADDRESS - ZIP  ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS 1- ZIP	ADDITIONS/CHANGES TO DV SIMOWITZ, SCOTT E. 800 CORPORATE DR. S	OFFICERS AN	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	DP MOSKOWITZ, MICHAEL W. 800 CORPORATE DR, STE 510 FT. LAUDERDALE FL 33334 DVS MANDELL, CRAIG J 800 CORPORATE DR, STE 510 FT. LAUDERDALE FL 33334 DVT SALIM, WILLIAM G JR 800 CORPORATE DR, STE 510	D DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST. 2.1 TITLE 2.2 NAME 2.3 STREET. 2.4 CITY-ST. 3.1 TITLE 3.2 NAME 3.3 STREET. 3.4 CITY-ST. 4.1 TITLE 4.2 NAME 4.3 STREET. 4.4 CITY-ST. 5.1 TITLE 5.2 NAME 5.3 STREET.	ADDRESS - ZIP  ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS - ZIP  ADDRESS - ZIP	ADDITIONS/CHANGES TO DV SIMOWITZ, SCOTT E. 800 CORPORATE DR. S	OFFICERS AN	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	DP MOSKOWITZ, MICHAEL W. 800 CORPORATE DR, STE 510 FT. LAUDERDALE FL 33334 DVS MANDELL, CRAIG J 800 CORPORATE DR, STE 510 FT. LAUDERDALE FL 33334 DVT SALIM, WILLIAM G JR 800 CORPORATE DR, STE 510	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET. 1.4 CITY-ST. 2.1 TITLE 22 NAME 23 STREET. 3.1 TITLE 32 NAME 3.3 STREET. 3.4 CITY-ST 41 TITLE 4.2 NAME 4.3 STREET. 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET. 5.4 CITY-ST 5.4 CITY-ST 5.4 CITY-ST 5.5 TITLE 5.5 NAME 5.3 STREET. 5.4 CITY-ST 5.4 CITY-ST 5.5 TITLE 5.5 NAME 5.3 STREET. 5.4 CITY-ST	ADDRESS - ZIP  ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS - ZIP  ADDRESS - ZIP	ADDITIONS/CHANGES TO DV SIMOWITZ, SCOTT E. 800 CORPORATE DR. S	OFFICERS AN	☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  Addition  Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	DP MOSKOWITZ, MICHAEL W. 800 CORPORATE DR, STE 510 FT. LAUDERDALE FL 33334 DVS MANDELL, CRAIG J 800 CORPORATE DR, STE 510 FT. LAUDERDALE FL 33334 DVT SALIM, WILLIAM G JR 800 CORPORATE DR, STE 510	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST. 2.1 TITLE 2.2 NAME 2.3 STREET. 2.4 CITY-ST. 3.1 TITLE 3.2 NAME 3.3 STREET. 3.4 CITY-ST. 4.1 TITLE 4.2 NAME 4.3 STREET. 4.4 CITY-ST. 5.1 TITLE 5.2 NAME 5.3 STREET. 5.4 CITY-ST. 6.1 TITLE	ADDRESS - ZIP  ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS - ZIP  ADDRESS - ZIP	ADDITIONS/CHANGES TO DV SIMOWITZ, SCOTT E. 800 CORPORATE DR. S	OFFICERS AN	☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  Addition  Addition

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 or the receiver of the corporation of the receiver of trustee empowered.

SIGNATURE: