Applied For

□No

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable \$8.75 Additional

## **FILED** Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90031 009 \*\*\*150.00

## 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 | # | いしょうな |
|----------|---|-------|
| 4. 0     |   | ハンしんせ |

SPIELER, STANLEY H.

4700 BISCAYNE BLVD., SUITE 200

23

24

| Principal Place of Business           | Mailing Address                       |
|---------------------------------------|---------------------------------------|
| 4700 BISCAYNE BLVD.<br>MIAMI FL 33137 | 4700 BISCAYNE BLVD.<br>Miami FL 33137 |
| Principal Place of Business           | 2a. Mailing Address                   |
| 1                                     | 26                                    |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.                   |

City & State City & State 28 Country Zip Country Zip 30 25 29 9. Name and Address of Current Registered Agent

|    |              | DO NOT WRITE I    | N IMIS SPACE |
|----|--------------|-------------------|--------------|
| 3. | Date Incorpo | rated or Qualifed |              |

02/20/1986 4. FEI Number

59-0798758

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

| MIAI           | MI. FL. FL 33137   | 83       |                | •  |                    |                          | }             |
|----------------|--|----------|----------------|--|--------------------|--------------------------|---------------|
|                |  | 84       | ,              | FL   |                    | Zip Code                 |               |
| office or re   | to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the<br>egistered agent, or both, in the State of Florida. Such change was authoriz<br>in familiar with, and accept the obligations of, Section 607.0505, Florida St | ea by    | the corpo      | corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoint | hanging<br>tment a | g its regi<br>is registe | stered<br>red |
| SIGNATURE      | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register  | ed Agen  | it signature r | required when reinstating) OATE  | <del></del>        |                          | — i           |
| 12.            | OFFICERS AND DIRECTORS 1:  | 3.       |                | ADDITIONS/CHANGES TO OFFICERS AND  | ) DIRE             |                          |               |
| TITLE          | DP DELETE 1.1  | TITLE    |                | · · ·  | □ Char             | nge [                    | Addition      |
| NAME           | FALK, JOSEPH 12  | NAME     |                |  | ٠,                 |                          |               |
| STREET ADDRESS |  | STREET   | ADDRESS        |  |                    |                          | }             |
| CITY-ST-ZIP    | MIAMI FL 1.4   | CITY-S   | T- ZIP         | ·  | •                  |                          |               |
| TITLE          | VST ☐ DELETE 2.1   | TITLE    |                |  | ☐ Chai             | nge [                    | Addition      |
| NAME           | RICHARD, JUDITH 22   | NAME     |                | •  |                    |                          |               |
| STREET ADDRESS | 4700 BISCAYNE BLVD. 23   | STREET   | ADDRESS        |  | - "                |                          | ļ             |
| CITY-ST-ZIP    | MIAMI FL 2   | CITY-S   | T-ZIP          |  |                    |                          |               |
| TITLE          | ☐ DELETE 31  | TITLE    |                |  | Chai               | nge [                    | Addition      |
| NAME           | 32   | NAME     |                |  |                    |                          | l             |
| STREET ADDRESS | 3.3  | STREET   | FADDRESS       |  |                    |                          | 1             |
| CITY-ST-ZIP    |  | . CITY-S | T-ZIP          |  |                    |                          |               |
| TITLE          | ☐ DELETE 4.1   | TITLE    |                |  | Cha                | nge [                    | Addition      |
| NAME           | 4.3  | NAME     |                | ,  |                    |                          |               |
| STREET ADDRESS | 4.3  | STREET   | ADDRESS        |  | , ,                |                          |               |
| CITY-ST-ZIP    |  | CITY-S   | T-ZIP          |  |                    | <del></del>              |               |
| TITLE          |  | TITLE    | '              |  | . Cha              | nge [                    | Addition      |
| NAME           | 5.2  | NAME     |                |  | · 1                | -                        |               |
| STREET ADDRESS | 5.3  | STREET   | ADDRESS        |  | ×.                 |                          | }             |
| CITY-ST-ZIP    |  | CITY-S   | T-ZIP          |  | <u> 1 K</u>        |                          |               |
| TITLE          | C DELETE   | TITLE    |                |  | Char               | nge {                    | Addition      |
| NAME           | 6.2  | NAME     |                |  | •                  |                          | }             |
|                | 6.3  | STREET   | ADDRESS        | }  | . 1                |                          | 1             |

81

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.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Falk, President

3/12/99