

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90092 015 ***150.00

DOCUMENT # J06674

1. Corporation Name

TESCHER CHAVES RUBIN & FORMAN, P.A.

Principal Place of Business

BOCA CORPORATE CENTER
2101 CORPORATE BLVD., STE. 107
BOCA RATON FL 33431-7343

Mailing Address

BOCA CORPORATE CENTER
2101 CORPORATE BLVD., STE. 107
BOCA RATON FL 33431-7343

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1986

4. FEI Number

59-2703048

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

TESCHER, DONALD R.
9100 S. DADELAND BLVD. PH-1
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

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

2101 Corporate Blvd., Suite 107

83

84 City

Boca Raton

FL

85 Zip Code

33431

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME TESCHER, DONALD R.
STREET ADDRESS 9100 S. DADELAND BLVD.
CITY-ST-ZIP MIAMI FL

TITLE VPD ☐ DELETE

NAME FORMAN, PETER J.
STREET ADDRESS 2101 CORPORATE BLVD, SUITE 216
CITY-ST-ZIP BOCA RATON FL

TITLE SD ☐ DELETE

NAME CHAVES, ROBERT A.
STREET ADDRESS 9100 S. DADELAND BLVD.
CITY-ST-ZIP MIAMI FL

TITLE VPD ☐ DELETE

NAME RUBIN, CHARLES D
STREET ADDRESS 9100 S. DADELAND BLVD, PH-1
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 2101 Corporate Blvd., Suite 107
1.4 CITY-ST-ZIP Boca Raton, FL 33431

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS Suite 107
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 2101 Corporate Blvd., Suite 107
3.4 CITY-ST-ZIP Boca Raton, FL 33431

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 2101 Corporate Blvd., Suite 107
4.4 CITY-ST-ZIP Boca Raton, FL 33431

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD R. TESCHER, PRES.

4/15/99

561-998-2847

Date

Daytime Phone #

CR2E034 (11/98)