

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 26, 1999 8:00 am  
Secretary of State

04-26-1999 90188 040 \*\*\*150.00

DOCUMENT # J29228

1. Corporation Name

MICHAEL J. FREEDMAN, PROFESSIONAL ASSOCIATION  
FREEDMAN & MICHAELS, PROFESSIONAL ASSOCIATION

Principal Place of Business

300 E. MADISON ST.  
2ND FLOOR  
TAMPA FL 33602  
US

Mailing Address

300 E. MADISON ST.  
2ND FLOOR  
TAMPA FL 33602  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1986

4. FEI Number

59-2719366

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

21 400 N. Tampa St.

2a. Mailing Address

26 400 N. Tampa St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 2525

27 Suite 2525

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33602

25 U.S.

29 33602

30 U.S.

9. Name and Address of Current Registered Agent

FREEDMAN, MICHAEL J.  
300 E. MADISON ST.  
2ND FLOOR  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
400 N. Tampa St.

83 Suite 2525

84 City Tampa

FL

85 Zip Code  
33602

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 at 3 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME FREEDMAN, MICHAEL J.

STREET ADDRESS 300 E. MADISON ST., SECOND FLOOR

CITY-ST-ZIP TAMPA FL

TITLE ST ☐ DELETE

NAME MICHAELS, LINDA M.

STREET ADDRESS 300 E. MADISON ST., SECOND FLOOR

CITY-ST-ZIP TAMPA FL

TITLE V ☐ DELETE

NAME FREEDMAN, JEFFREY A

STREET ADDRESS 300 E. MADISON ST., SECOND FLOOR

CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

400 N. Tampa St., Suite 2525

1.4 CITY-ST-ZIP

Tampa, FL 33602

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

400 N. Tampa St., Suite 2525

2.4 CITY-ST-ZIP

Tampa, FL 33602

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

400 N. Tampa St., Suite 2525

3.4 CITY-ST-ZIP

Tampa, FL 33602

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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)(c), 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:

MICHAEL J. FREEDMAN, PRESIDENT

April 23, 1999 (813) 229-6925

CR2E034 (11/98)

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