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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(3)

**FILED** Feb 02 1998 8:00am Secretary of State

| STEF   | PHEN SIL   | VER     | STEIN, D.O., P./               | 4.   |   |  |                                   |           |  | <br>  Indiano debe iniko kempanjarah anak dibih dibih dibih debih dibih dibih di                            |   |
|--|--|---------|--------------------------------|--|---|--|-----------------------------------|-----------|--|---|---|
| Principal Plac   | co of Businos                                      |         |                                |  | olling Addrona                                    |  |                                   |           |  |   |   |
| Principal Place of Business Mailing Address  |  |         |                                |  |   |  |                                   |           |  |   |   |
| 50 N.E. 26   | EN <b>Silver</b> ste<br>Sth Ave. Sui<br>Beach fl 3 |         |                                | % Stephen Silverstein<br>50 N.E. 26th ave. Suite 301<br>Pompano Beach Fl 33062 |   |  |                                   |           | DO NOT WRITE IN THIS SPACE               |   |   |
|  |  |         |                                |  |   | 7-075  |                                   |           |  | 3. Date Incorporated or Qualified   |   |
|  |  |         |                                |  |   |  |                                   |           |  | 10/22/1986  |   |
| 2. Principal F   | Plac <b>e of</b> Busi                              | ness    |                                | 2a. Mailing Address  |   |  |                                   |           |  |   | olied For                               |
| 21   |  |         |                                | 26   |   |  |                                   |           |  | <b>59-2726432</b> Not   | Applicable                              |
| Sulte, Apt   | . #, etc.  |         |                                | Suite, Apt. #, etc.  |   |  |                                   |           |  | 5. Certificate of Status Desired S8.75 A  |   |
| 22 City & Sto  | to   |         |                                | City & City  |   |  |                                   |           | Fee Rec                                  | ·   |   |
| City & Star  | le e   |         |                                | City & State   |   |  |                                   |           | 6. Election Campaign Financing \$5.00 kg |   |   |
| Zip Countr   |  |         | Country                        | 28   | Zip Coui  |  |                                   |           |  | Trust Fund Contribution Added to  |   |
| 24   | 25   |         | 000 m                          | 29   | 1 <del>                                    </del> |  | ountry                            | ′         |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes No |   |
|  | 9. Name  |         | Address of Current             |  | tered Agent                                       | [30]   | т-                                |           |  | 10. Name and Address of New Registered Agent  | NO                                      |
| 5  |  | B1 Name |                                |  | ne  | is and the second of the secon |                                   |           |  |   |   |
|  | SILVERSTEI<br>50 N.E. 26T                          |         | VE. SUITE 301                  |  |   |  |                                   |           |  | (D.O. E.)   |   |
| POMPANO BEACH FL 33062   |  |         |                                |  |   |  | 82                                | Stre      | et Addres                                | ess (P.O. Box Number is Not Acceptable)   |   |
|  | ,  |         |                                |  |   |  | 83                                |           |  |   |   |
|  |  |         |                                |  |   |  |                                   |           |  |   |   |
|  |  |         |                                |  |   |  | 84                                | City      |  | FL 85 Zip Ci  | ode                                     |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes   |  |         |                                |  |   |  | above                             | e-nam     | ed corpo                                 | pration submits this statement for the purpose of changing its  | registered                              |
| 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  |  |         |                                |  | ,   |  |                                   |           |  |   |   |
| DIGITATIONE  | Signature, typed                                   | or prin | ited name of registered agent. | and bile   | if applicable (NO)                                | ft : Registe   | red Age                           | nt signa  | lure required                            | d when reinstating) DATE  | <del></del>                             |
| 12.  |  |         | OFFICERS AND                   | DIREC  |   | 13   | ).                                |           |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   | IN 12                                   |
| TITLE  | DP   | DATE    |                                |  | DELETE  | 1.1  | TITLE                             |           | ł  | ☐ Change  | Addition                                |
| NAME   | EA AND ANTI-                                       |         |                                |  |   | 1.2  | NAME                              |           | 1  |   |   |
| DOMBA  |  |         |                                |  |   | 1.3  | STREET                            | T ADDRESS |  |   |   |
| CITY-ST-ZIP  | PUMP   | ANU     | BEACH FL                       |  |   |  | CITY-SI                           | T-ZIP     |  |   |   |
| TITLE  |  |         |                                |  | ☐ DELETE  |  | TITLE                             |           |  | L_J Change  | ☐ Addition                              |
| NAME   |  |         |                                |  |   |  | NAME                              |           |  |   |   |
| STREET ADDRESS   |  |         |                                |  |   | 2.3  | STREET                            | ADDRES    | s  |   |   |
| CITY-ST-ZIP  |  |         |                                | DELETE   |   |  | 2. 4 CITY - ST - ZIP<br>3.1 TITLE |           | <b></b>                                  |   |   |
| NAME   |  |         |                                |  | ☐ http:   | ı  |                                   |           |  | L Change  | ☐ Addition                              |
|  |  |         |                                |  |   |  | NAME                              |           |  |   |   |
| STREET ADDRESS   |  |         |                                |  |   |  | STREET                            |           | s  |   |   |
| CITY-ST-ZIP<br>TITLE   | <del></del>  |         |                                |  | DELETE  |  | CITY-S<br>TITLE                   | I - ZIP   |  |   | 14200                                   |
| NAME   |  |         |                                |  | F-1 DETELE  |  |                                   |           |  | Change  | ☐ Addition                              |
|  |  |         |                                |  |   |  | NAME                              |           |  |   |   |
| STREET ADDRESS   |  |         |                                |  |   |  |                                   | ADDRES:   | 5  |   | ſ                                       |
| CITY-ST-ZIP<br>TITLE   |  |         |                                |  | DELETE  | _  | CITY - ST                         | - ZIP     | -  | D 0   | A a a a a a a a a a a a a a a a a a a a |
| NAME   |  |         |                                |  |   | i i  | TITLE                             |           |  | ☐ Change  | Addition                                |
| STREET ADDRESS   |  |         |                                |  |   |  | NAME                              | IDDO:C    |  |   |   |
|  |  |         |                                |  |   |  | STREET A                          |           | `  |   | -                                       |
| CITY-ST-ZIP<br>TITLE   |  |         |                                |  | DELETE  |  | CITY-ST                           | - ZIP     |  |   | 1.4.401                                 |
| NAME   |  |         |                                |  | - percit  |  | TITLE                             |           |  | ☐ Change  | Addition                                |
| STREET ADDRESS   |  |         |                                |  |   |  | NAME                              | , nores   |  |   |   |
|  |  |         |                                |  |   |  | STREET A                          |           | ,  |   | Ì                                       |
| CITY-ST-ZIP  | ertify that the                                    | info    | rmation cupolied with          | thie fit   | ing door not qualify fo                           |  | CITY-ST                           | - ZIP     | dad in Ca                                | 440 07/0/0) Flands Ont to 14 of the street  |   |

review 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 chapter on an attachment with an aiddress.