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FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90038 043 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K21135

1. Corporation Name
WILLIAM H. LEFKOWITZ, P.A.

Principal Place of Business
2170 SE 17TH STREET, SUITE 207
FORT LAUDERDALE FL 33316

Mailing Address
2170 SE 17TH STREET, SUITE 207
FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1988

4. FEI Number

65-0043301

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 2601 E. OAKLAND PK. BLD. #208

Suite, Apt. #, etc.

22 # 208

City & State

23 FT. LAUDERDALE, FLORIDA

Zip

24 33306

Country

25 USA

2a. Mailing Address

26 2601 E. OAKLAND PK. BLD. #208

Suite, Apt. #, etc.

27 # 208

City & State

28 FT. LAUDERDALE, FLORIDA

Zip

29 33306

Country

30 USA

9. Name and Address of Current Registered Agent

LEFKOWITZ, WILLIAM H.
2170 SE 17TH STREET, SUITE 207
SUITE 500
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

LEFKOWITZ, WILLIAM H.

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

2601 E. OAKLAND PARK BLVD. #208

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33306

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 607.0503, Florida Statutes.

SIGNATURE

William H. Lefkowitz

(NOTE: Registered Agent signature required when reinstating)

1/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME LEFKOWITZ, WILLIAM H.
STREET ADDRESS 2170 SE 17TH ST S-207
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME LEFKOWITZ, WILLIAM H.
1.3 STREET ADDRESS 2601 E. OAKLAND PARK BLVD. #208
1.4 CITY-ST-ZIP FT. LAUDERDALE FLORIDA 33306

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 an address, with all other like empowered.

SIGNATURE:

William H. Lefkowitz, President

1/28/99

954-567-9566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)