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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **K27585** 1. Corporation Name

WEISENFELD & ASSOCIATES, P.A.

	•						
Principal Place of Business Mailing Address				1 1085 MIL (all 1581) 1084 MISO (anal 2011 at 1611 at			,,
799 BRICKELL PLAZA STE 900		799 BRICKELL PLAZA STE 900		DO NOT WRITE IN THIS SPACE			
MIAMI FL 33131 MIAMI FL 33131							
US		US			3. Date Incorporated or Qualifed		
	<u></u>			.,	07/05/1988 4. FEI Number	- Annting F	
<b>—</b>	ace of Business	2a. Mailing Address				Applied F	
21	·. · · · · · · · · · · · · · · · · · ·	26			65-0057743	Not Appli	
Suite, Apt. #, etc.  22		Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required		
City & State	e	City & State		_	6. Election Campaign Financing	\$5.00 May B	_ Зе
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes the current year	r Intangible	_
24	25	29	10		Personal Property Tax.	Yes Di√lo	
	9. Name and Address of Current	Registered Agent		<del></del>	10. Name and Address of New Registe	red Agent	
		•	8	1 Name		. ,	
WEISENFELD, JOSEPH J			82	2 Street Add	Iress (P.O. Box Number is Not Acceptable)		
550 BILTMORE WAY							
1120			8:	3		•	
COR	AL GABLES FL 33134		84	4 City		85 Zip Code	
				1 7		FL	
affice or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	nt Florada. Siich change was aill	norizea o	v ine coroorai	poration submits this statement for the purpos ion's board of directors. I hereby accept the a	e of changing its registere ppointment as registere	erea erea
<b>{</b>		, .					
SIGNATURE	Signature, typed or printed name of registered agen-	t and title if applicable. (NOTE: F	Registered Ag	ent signature requir	red when reinstating) DAT:	E	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	DP	☐ DELETE	1.1 TITLE		•	☐ Change ☐	Addition
NAME	WEISENFELD, JOSEPH J.		1.2 NAME				
STREET ADDRESS	799 BRICKELL PLAZA, #900		1.3 STRE	ET ADDRESS		. `	
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-				A delition
TITLE	CP	☐ DELETE	2.1 TITLE			Change .	Addition
NAME	Crowder, Mildred S		2.2 NAME			,	
STREET ADDRESS	799 BRICKELL PLAZA, #900		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY		<u></u>		A 4-1(4)
TITLE		☐ DELETE	3.1 TITLE		•	☐ Change ☐ /	Addition
NAME	$\sim \phi_{i_0}$		3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS		·.	
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,		3.4. CITY		<u> </u>		A deltale.
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAM				
STREET ADDRESS			4.3 STRE	ET ADDRESS		<b>.</b>	
CITY-ST-ZIP	<u> </u>		4.4 CITY-				n i diat .
TITLE		☐ DELETE	51 T/T) E	: 1		☐ Change ☐	Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 arres, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Addition

☐ Change