## 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** 

## DOCUMENT # K32981

RÖBERT D. SHAPIRO, P.A.

	e of Business	Mailing Addre	ess					
28 WEST FLAGI	ler street	28 WEST FLAC	GLER STREET			•		
11TH FLOOR		11TH FLOOR				. DO NOT WEI	TE IN THIS SPACE	
MIAMI FL 33130		MIAMI FL 3313	30			3. Date Incorporated or Qualifed	IE IN THIS STAGE	
US		US				1		
						09/13/1988	<del></del>	Audiad Fas
2. Principal Pl	ace of Business	2a. Mailing A	ddress			4. FEI Number	<del>  </del>	Applied For
21	·	26				65-0072358	<u> </u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt	#, etc.			5. Certifcate of Status Desired	<b>7</b>	5 Additional Required
22		27					<del></del>	
City & State	9 .	City & Sta	ate-			6. Election Campaign Financing	1 1	00 May Be
23		28				Trust Fund Contribution	Add	ed to Fees
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the curre		
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Age	nt			10. Name and Address of New R	Registered Agent	
<del>,</del>				81	Name	•		
	PIRO, ROBERT D.			82	Street Addr	ess (P.O. Box Number is Not Accepta	able)	
28¹W	VEST FLAGLER STREET	·		"	Oll Cot Mooi	C33 (1 10 20 X 114 115 11 115 115 115 115 115 115 115	one services of a constraint	a waste as asset
11TF	I FLOOR			83		1. 1987 1986 (196	和公司的1000000000000000000000000000000000000	
MIAN	/II.FL 33130						(A) ((A) ((A) (A) (A) (A) (A) (A) (A) (A	1. W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				84	City		FI 85 Z	Zip Code
section process on a sec	to the provisions of Sections 607.0502	2 and 607 1508 E	lorida Statutes, the a	hove	-named com	oration submits this statement for the	purpose of changing	its registered
						on's board of directors. I hereby accep	of the appointment as	s registered
agent. I a	m familiar with, and accept the obligati	ions of, Section 6	07.0505, Florida Stat	lutes.				
SIGNATURE							DATE	
	Signature, typed or printed name of registered agent				t signature require	d when reinstating)  ADDITIONS/CHANGES TO OF		TOPS IN 12
12.	OFFICERS AND		13.				Chan	
TITLE	DPS	L.	DELETE 1.1 TI	HLE		the second state of the second		33
NAME								
NOWIE	SHAPIRO, ROBERT D.		1.2 N					
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not clualify 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 affinature shall have the same legal effect as if made under oath; that I am an officer or director of the opporation 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.

**FILED** 

Jan 26, 1999 8:00am

**Secretary of State** 

01-26-1999 90037 013 \*\*\*150.00