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 # K35619 1. Corporation Name

IAN G. OSUR, P.A.

Principal Place of Business	Mai
9100 S. DADELAND BLVD.	9100
SUITE 1704-PH 1	SUIT
MIAMI FL 33156	MIA

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90056 012 ***150.00

Principal Place	of Business	Mailing Address						
9100 S. DADEL	AND BLVD.	9100 S. DADELAND BL	VD.					
SUITE 1704-PH		SUITE 1704-PH 1				DO NOT WRITE IN THIS SPA	ACE.	
MIAMI FL 33156		MIAMI FL 33156				3. Date Incorporated or Qualifed	ACE	· · · · · · · · · · · · · · · · · · ·
						10/10/1988	, ,	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		olied For
21		26				65-0074184		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-			5. Certificate of Status Desired	8.75 A Fee Re	
City & State	ė	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intangi	ible	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Age	ent	
201				81	Name	•	•	-
	ir, ian G.) South Dadeland Blvd.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	•	
l	E 1704-PH 1			83				
MIAN	VII FL 33156			84	City	8	35 Zip C	Code
	1_100			Ш		FL °		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Sta f Florida, Such change wa	atutes, the a	bove-	-named corpo he corporatio	oration submits this statement for the purpose of cha on's board of directors. I hereby accept the appointment	inging its ent as reg	registerea gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505,	Florida Stat	utes.				
SIGNATURE								
	Signature, typed or printed name of registered egent		IOTE: Registere	Agent :	signature required	d when reinstating) DATE	NOCOTO	DC IN 12
12.	OFFICERS AND	MODECHARS						
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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: