FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K50498

(0)

THE GOTTLIEB GROUP, INC.

FILED Mar 31 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					e comming and meine and far in fall at fall at fall at fill at	
% BRUCE M. GOTTLIEB % BRUCE M. GOTTLIEB 125 NORTH 46TH AVENUE 125 NORTH 46TH AVENUE						
HOLLYWOOD		125 NORTH HOLLYWOOL	46TH AVENUE			DO NOT WRITE IN THIS SPACE
	•					3. Date Incorporated of Qualified
						12/05/1988
2. Principal P	lace of Business	2a. Mailing A	ddress			4. FEI Number Applied For
21		26				65-009 1078 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.			5. Certificate of Status Desired S8.75 Additional
City & State		27	La.			Fee Required
23	G		City & State			Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	1 7	Country		Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
24	25	29	30	,		Personal Property Tax due June 30. Yes No
	9. Name and Address of Cur	rrent Registered Ager				10. Name and Address of New Registered Agent
GC	OTTLIEB, BRUCE M.			81	Name	me
125 NORTH 48TH AVENUE				82	Stree	eet Address (P.O. Box Number is Not Acceptable)
HC	DLLYWOOD FL 33021				0,,,00	
				83		
				84	City	85 Zip Code
<u>-</u>				1	1 "	FL T T T T T T T T T
11. Pursuant i	to the provisions of Sections 607.0 egistered agent, or both, in the St	0502 and 607.1508, Fid late of Florida, Such ch	orida Statutes, the Jange was authori	above ized by	the co	ned 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	Signature, typed or printed name of registered					
12.		AND DIRECTORS		3.	eni signalu	olure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD			1 TITLE		Change Addition
NAME	GOTTLIEB, BRUCE M.	_		2 NAME		
STREET ADDRESS	125 NORTH 46TH AVENU	Ε	1.	3 STREET	ADDRESS	SS
CITY-ST-ZIP	HOLLYWOOD FL		1/	4 CITY-S	T-ZIP	
TETLE			DELETE 2	1 TITLE		Change Addition
NAME			2:	2 NAME		
STREET ADDRESS			2.3	3 STAEET	address	SS .
CITY-ST-ZIP				4 CITY-S	T-ZIP	
TITLE		Ш		1 TITLE		☐ Change ☐ Addition
NAME				2 NAME		
STREET ADDRESS					ADDRESS	SS
CITY-ST-ZIP TITLE				4. CITY-S	T-ZIP	
NAME		Ц	- "	1 TITLE		Change Addition
STREET ADDRESS				2 NAME	YUUUUU	
CITY-ST-ZIP					ADDRESS	S
TITLE				CITY-S	1-212	Change Addition
NAME				NAME		C., Change Addition
STREET ADDRESS					ADDRESS	s
CITY-ST-ZIP				CITY-S		
TITLE	· · · · · · · · · · · · · · · · · · ·		251 555	TITLE		☐ Change ☐ Addition
NAME			6.2	NAME		_ ,
STREET ADDRESS			6.3	STAEET .	ADDRESS	s Í
CITY-ST-ZIP			6.4	CITY-ST	- ZIP	
14. I hereby co	ertify that the information supplied	with this filing does no	of qualify for the e	xemet	ion stat	ated 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 an attachment with a days.						