**FILED** 

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90029 034 \*\*\*150.00

## 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 # <b>K62066</b>								
1. Corporation Name  MARK E. FRIED PROFESSIONAL ASSOCIATION								
WIMPIN E. PRIED PROFESSIONAL ASSOCIATION							. 83811 BIBIT BIBIT BI	INI
		•						
Principal	Place	of Business	Mailing Address			T INDINITY BAN ALTHOUGH PAIRS ALTHOUGH PAIR PAIRS	PION BIBLI BIBLI BI	1811 81811 1881
1110 BRIG	; CKELL	AVER	1110 BRICKELL AVE					
SUITE 700						DO NOT WRITE IN THI	S SPACE	
Miami Fl. Us	33131 MIAMI FL 33131 US					3. Date Incorporated or Qualifed	J OF ACE	
03						01/31/1989		
2. Princi	pal Pl	face of Business 2a. Mailing Address			-	4. FEI Number	Apr	olied For
21	; ;					65-0113887		Applicable
- Suite,	Apt. i	#, etc.	Suite, Apt. #, etc:			5. Certificate of Status Desired	**************************************	
22		City & State					Fee Rec	
City 8	i State	<del>e</del> · · · ·	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 r Added to	
<b>23</b> Zip	<u>                                       </u>	Country	28	Country		8. This corporation owes the current year h		
24	! !	25 29 30				Personal Property Tax.		XÍNo
<u></u> 1	<del> </del>	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	i Agent	
				81	Name			
		D, MARK E.		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	,	O BRICKELL AVE						
SUITE 700		Al FL 33131		83				
	IVIII	WI FE 30101		84	City	<u> </u>	85 Zip C	Code
44	2 Continue of Continue COT OFO and COT 1500 Clarido Statutos tha				a-named cor	- <u> </u>	_	registered
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 chaffice 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 appointmagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								gistered
ager	it. I ar I	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid			ļ		
SIGNAT	URE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered		egistered Ager	nt signature requir	red when reinstating) DATE		
12.	:	OFFICERS AND DIRECTORS 13.		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	i			1,1 TITLE		·	Change	Addition
NAME	:	( ( ( LD) ( ( ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		1.2 NAME				ļ
STREET ADO	RESS	1110 BRICKELL AVE SUITE 700			TADDRESS			
CITY-ST-ZIP		MIAMI FL 33131	↑ DELETE	1.4 CITY+S' 2.1 TITLE	T-ZIP		Change	Addition
TITLE	1	<del>-</del> 1		2.1 111LE 2.2 NAME			onango	
NAME	!				TADDRESS			
STREET ADDRESS CITY-ST-ZIP,		والمناهدة فالمنافية المنافية		2.4 CITY+S		فالمهامها فالمتعلمة فالتعالها لدامتهم للمعهدين أأأن بالمتعدد والطيابات المتعا		-
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NAME			3.			·	-	,
STREET ADI	DRESS	•		3.3 STREET	TADDRESS			1
CITY-ST-ZIF					ST-ZIP			
TITLE			☐ DELETE	4.1 TITLE	\		Change	Addition
NAME				4, 2 NAME				
STREET ADI	DRESS			4.3 STREE	TADDRESS			}
CITY-ST-ZI	P.		[] aciere	4.4 CITY-S	T-ZIP	<u> </u>	☐ Change	Addition
TITLE			☐ DELETE	5.1 TITLE 5.2 NAME				
NAME					TADDRESS			1
STREET ADI	1 1	,		5.4 CITY-ST-ZIP				
CITY-ST-ZI	<del>";                                    </del>		□ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME				6.2 NAME			-	
STREET AN	DBESS	, i		6.3 STREE	T ADDRESS			

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 ecceiver or trostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on any attractment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS