FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:26

DOCUMENT # K88080 (2)

1. Corporation Name
99 CENTER OF FLORIDA, INC.

Principal Place of Business	Mailing Address
16502 N. W. 54TH AVENUE MIAMI FL 33014	16502 N. W. 54TH AVENUE MIAMI FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/15/1989
3a. Date of Last Report: 07/26/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 65-0192575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

~~HABER, KENNETH~~
~~16502 NW 54TH AVE~~
~~MIAMI FL 33014~~

10. Name and Address of New Registered Agent

81 Name: EVINSON, EDWARD E.
82 Street Address (P.O. Box Number is Not Acceptable): 407 LINCOLN ROAD
83: PENTHOUSE SOUTHEAST
84 City: MIAMI BEACH FL 85 Zip Code: 33139

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 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: Edward E. Levinson — EDWARD E. LEVINSON — 4/5/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	GOLDMAN, MARTIN	1.2 NAME	
STREET ADDRESS	~~3061 NE 183RD LANE~~	1.3 STREET ADDRESS	12980 CORONADO TERRACE
CITY-ST-ZIP	~~MIAMI BEACH FL~~	1.4 CITY-ST-ZIP	N. MIAMI FL 33181
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	HARBER, KENNETH	2.2 NAME	
STREET ADDRESS	~~490 NW 113TH TERRACE~~	2.3 STREET ADDRESS	7415 N. OAKMONT DR.
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	2.4 CITY-ST-ZIP	MIAMI FL. 33015
TITLE		3.1 TITLE	DIRECTOR ☐ Change ☑ Addition
NAME		3.2 NAME	SHERI GOLDMAN
STREET ADDRESS		3.3 STREET ADDRESS	12980 CORONADO TERRACE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	N. MIAMI FL 33181
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Sheri Goldman — 3/28/95 — 305-811-8599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SHERI Goldman, Director

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