FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K88080** **(2)**

1. Corporation Name
99 CENTER OF FLORIDA, INC.

Principal Place of Business
1601 BISCAYNE BLVD
SUITE 1143
MIAMI FL 33132
US

Mailing Address
5445 NW 161ST STREET
MIAMI FL 33014-6124
US

3. Date Incorporated or Qualified: 05/15/1989
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
~~LEVINSON, EDWARD E~~
~~407 LINCOLN ROAD~~
~~PENTHOUSE SOUTHEAST~~
~~MIAMI BEACH FL 33139~~

10. Name and Address of New Registered Agent
81 Name: SHERI · GOLDMAN
82 Street Address (P.O. Box Number is Not Acceptable): 5445 N.W. 161st STREET
83
84 City: MIAMI FL 85 Zip Code: 33181

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: Sheri Goldman — 4/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GOLDMAN, MARTIN	
STREET ADDRESS	~~12980 CORONADO TERRACE~~	
CITY-ST-ZIP	~~N. MIAMI FL~~	
TITLE	D	☐ DELETE
NAME	~~HARBER, KENNETH~~	
STREET ADDRESS	~~7415 N. OAKMONT DRIVE~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	D	☐ DELETE
NAME	GOLDMAN, SHERI	
STREET ADDRESS	~~12980 CORONADO TERRACE~~	
CITY-ST-ZIP	~~N. MIAMI FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	5445 N.W. 161st STREET	
1.4 CITY-ST-ZIP	MIAMI FL 33014	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	HABER, KENNETH	
2.3 STREET ADDRESS	5445 N.W. 161st STREET	
2.4 CITY-ST-ZIP	MIAMI FL 33014	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	5445 N.W. 161st STREET	
3.4 CITY-ST-ZIP	MIAMI FL 33014	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 any address.

SIGNATURE: Sheri Goldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120443