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FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K95701 (4)

1. Corporation Name
ANDREW H. DRUCKER, P.A.

Principal Place of Business
11900 BISCAYNE BLVD.
STE. 604
NORTH MIAMI FL 33181

Mailing Address
11900 BISCAYNE BLVD.
STE. 604
NORTH MIAMI FL 33181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1570 Madruga Avenue
Suite, Apt. #, etc.
22 Suite 216
City & State
23 Coral Gables, FL
Zip
24 33146
Country
25 USA

2a. Mailing Address
26 1570 MADRUGA AVENUE
Suite, Apt. #, etc.
27 Suite 216
City & State
28 Coral Gables, FL
Zip
29 33146
Country
30 USA

3. Date Incorporated or Qualified
06/15/1989
4. FEI Number
65-0127256
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

8. Name and Address of Current Registered Agent

DRUCKER, ANDREW H., P.A.
11900 BISCAYNE BLVD.
STE. 604
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name
ANDREW DRUCKER
82 Street Address (P.O. Box Number is Not Acceptable)
1570 MADRUGA AVENUE
83 Suite 216
84 City
Coral Gables FL
85 Zip Code
33146

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Andrew H. Drucker*

4/29/98

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
DRUCKER, ANDREW H.
11900 BISCAYNE BLVD., STE. 604
NORTH MIAMI FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PSD
DRUCKER, ANDREW H.
1570 MADRUGA AVENUE, STE. 216
Coral Gables, FLA 33146

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE *Andrew H. Drucker* 4/29/98 (305) 668-5990

CR2E034 (10/97)