

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90013 042 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**1999**

**DOCUMENT # K95701**

1. Corporation Name

**ANDREW H. DRUCKER, P.A.**

Principal Place of Business

**1570 MADRUGA AVE  
SUITE 216  
CORAL GABLES FL 33146  
US**

Mailing Address

**1570 MADRUGA AVE  
SUITE 216  
CORAL GABLES FL 33146  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/15/1989**

4. FEI Number

**65-0127256**

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 owes the current year

Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

9. Name and Address of Current Registered Agent

**DRUCKER, ANDREW H., P.A.  
1570 MADRUGA AVE  
SUITE 216  
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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

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 **PSD** ☐ DELETE  
NAME **DRUCKER, ANDREW H.**  
STREET ADDRESS **1570 MADRUGA AVE, SUITE 216**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
1.4 CITY-ST-ZIP

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

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

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

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7/17/99**

Office Phone #

**(305) 668-5999**

CR2E034 (5/99)

588214-90013-42  
K95701

LAW OFFICE OF  
**ANDREW H. DRUCKER, P.A.**  
SUITE 216  
1570 MADRUGA AVENUE  
CORAL GABLES, FLORIDA 33146

ANDREW H. DRUCKER  
JULIE FARBER DRUCKER

TELEPHONE: (305) 668-5999  
FAX: (305) 668-5970

July 8, 1999

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

***Re: Andrew H Drucker, P.A., 1999 Profit Corporation Annual Report***

Dear Sir/Ladies:

I enclose a completed Profit Corporation Annual Report along with the filing fee in the amount of \$150.00. Please understand that I never received the first notice requiring the first filing of the 1999 report, and that is why this is being submitted to you at this time. I recently contacted the Division of Corporations and spoke with a gentleman and advised him that we had not received the Annual Report. He advised me that would send the enclosed form and instructed me to indicate that I never received the first notice. I therefore request that you please accept this form and payment at this time.

Thank you in advance for you assistance in this regard.

Very Truly Yours,



Andrew H Drucker, P.A.

AHD:mr  
enclosure