

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90055 009 ***150.00

DOCUMENT # L41314

1. Corporation Name
F. TRACE, INC.

Principal Place of Business

150 N.W. 168TH ST.
N. MIAMI FL 33169

Mailing Address

150 N.W. 168TH ST.
STE #310
N. MIAMI FL 33169
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1990

4. FEI Number

65-0165934

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 Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 1920 E. HALLANDALE BEACH BLVD

Suite, Apt. #, etc.

22 SUITE 906

City & State

23 HALLANDALE FL

Zip

24 33009

Country

25 USA

2a. Mailing Address

26 1920 E. HALLANDALE BEACH BLVD

Suite, Apt. #, etc.

27 SUITE 906

City & State

28 HALLANDALE, FL

Zip

29 33009

Country

30 USA

9. Name and Address of Current Registered Agent

ROSENTHAL, STANLEY R.
5500 NW 69TH AVE
LAUDERHILL FL 33319

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 PD ☐ DELETE

NAME ROSENTHAL, STANLEY R.

STREET ADDRESS 5500 NW 69 AVE

CITY-ST-ZIP LAUDERHILL FL 33319

TITLE VPS ☐ DELETE

NAME LITWER, BRUCE B.

STREET ADDRESS 5500 NW 69 AVE

CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ST ☐ DELETE

NAME LIPSON, ROCHELLE

STREET ADDRESS 150 NW 168 ST STE 300

CITY-ST-ZIP N. MIAMI FL 33169

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 1920 E. HALLANDALE BEACH BLVD #906

3.4 CITY-ST-ZIP HALLANDALE, FL 33009

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME ARTHUR E. LIPSON (D.R.)

4.3 STREET ADDRESS 1920 E. HALLANDALE BEACH BLVD

4.4 CITY-ST-ZIP SUITE 906 HALLANDALE, FL 33009

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR E. LIPSON

3/26/99

Date

(954) 454-1114

Daytime Phone #

CR25034 (11/98)