PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90045 033 ***150.00

DOCUMENT # **L43211**

1. Corporation Name

HERMAN SPILFOGEL, C.P.A., P.A.

| | , <u>, , , , , , , , , , , , , , , , , , </u> | | | | | | |
|---|---|---------------------------------|--------------------|---------------------|--|-------------------------------|-------------------------|
| Principal Place of Business Mailing Address | | | | | | INTERNATION | 1914 61611 1981 |
| 123 N.W. 13TH ST. 123 N.W. 13TH ST. | | | | | | | |
| STE 200 2-08 STE 200 2-08 | | | | • | DO NOT MOITE IN THE | CDACE | |
| BOCA RATON FL 33432 BOCA RATON FL 33432 | | | | | DO NOT WRITE IN THIS | SPACE | |
| US | | U\$ | | | Date Incorporated or Qualified 01/18/1990 | | Į |
| | | To Atallia a Address | | | 4. FEI Number | 177 | plied For |
| · | ace of Business | 2a. Mailing Address | | | 65-0164159 | | t Applicable |
| 21 26 Suite. Apt. #, etc. Suite, Apt. #, etc. | | D 10 A 14 44 -4- | | | 00.0 104 109 | \$8.75 A | |
| | | | 208 | | 5. Certifcate of Status Desired | Fee Re | |
| 22 | | | | | 6. Election Campaign Financing | \$5.00 | · |
| — · | 5 | 28 | | | Trust Fund Contribution | Added to | |
| Zip | Country | Zip | Country | | 8. This corporation owes the current year Int | | |
| | 25 | 29 30 | n ´ | | Personal Property Tax. | | □No |
| 24 | 9. Name and Address of Current | | ' | | 10. Name and Address of New Registered | Agent | |
| | | | 81 | Name | | | |
| SPILI | FOGEL, HERMAN | | | | (D.O. D. All Annie Met Annestelle) | | |
| 123 N.W. 13TH ST. | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptable) | | |
| STE | 202 | | 83 | | | * | |
| BOCA RATON FL 33432 | | | | | | | |
| | | | 84 | City | | 85 Zip C | نے Code |
| office or re | to the provisions of Sections 607.0502 egistered agent; or both, in the State om familiar with, and accept the obligations of the company of | f Florida. Such change was auth | onzed by | the corporati | poration submits this statement for the purpose of on's board of directors. I hereby accept the appoi | changing its ntment as rec | registered; gistered |
| OIGHT! ONE | Signature, typed or printed name of registered agent | | | t signature require | ed when reinstating) DATE | | |
| 12. | OFFICERS AND | | 13. | Т " | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTO Change | RS IN 12 |
| TITLE | _ | | 1.1 TITLE | | | Ki Change | □] Addition |
| NAME | or its oute, the man | | 1.2 NAME | | Suite 208 | | |
| STREET ADDRESS | 100 | | 1.3 STREET ADDRESS | | 20116 5-8 | | |
| CITY-ST-ZIP | | | 1.4 CITY-S | T-ZIP | | ITT Channe | Addition |
| TITLE | · · | | 2.1 TITLÉ | | | Change | [] Addition |
| NAME | O 12 O 022, 112 1111 117 | | 2.2 NAME | | Suite 208 | | |
| STREET ADDRESS | | | 2.3 STREET | ADDRESS | JOHELOO | | |
| CITY-ST-ZIP | | | 2. 4 CITY-S | iT-ZIP - | <u> محالي محاسبي</u> المحاسبين | | |
| TITLE | | | 3.1 TITLE | | • | Change | Addition |
| NAME | I | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET | | | | |
| CITY-ST-ZIP | | | 3.4, CITY-5 | T-ZIP | | Change | Addition |
| TITLE | | | 4.1 TITLE | | | Change | L. Addition |
| NAME | · | | 4.2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | . | · · · · · · | ☐ Change | Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | | | FT A Jaio. |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | | |
| OTDEET ADDEESS | ! | | 63 STREE | LADDRESS | | | |

14. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

561-362-7726