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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L48662

1. Corporation Name

FREEDMAN & VEREBAY, P.A.

Principal Plac							U BARRA BARRA I		LLANCE ACTUAL CALLE	
r (incipal i lac	ce of Business	Mailing Address				( Indition of the same of the	, 6161. 818			
% LAYNE VEREBAY 190 N E 199TH ST SUITE 204 N MIAMI BEACH FL 33179		% LAYNE VEREBAY 190 N E 199TH ST SUITE 204 N MIAMI BEACH FL 33179		DO NOT WRITE IN	THIS SP	ACE				
						3. Date Incorporated or Qualifed 02/05/1990				
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			plied For	
21		26				65-0172928			t Applicable	
Suite, Apt	.#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		58.75 / Fee Re	Additional equired	
City & Sta	te an er area area area area area area ar	City & State			· •	6. Election Campaign Financing Trust Fund Contribution		Added	May Be to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current y				
24	25	29	30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Regis	stered Age	ent_		
	NEDAY LAVAIE			81	Name					
verebay, layne 190 n.e. 199th Street				82	Street Add	dress (P.O. Box Number is Not Acceptable)				
SUITE 204		•		83	, ,	•	•		l	
N N	MAMI BEACH FL 33179				0.4			35 Zip	Code	
				84	City	•	FL	20,	Code	
agent. I	am familiar with, and accept the obli	gations of, Section 607.0505	i, Florida Stat	utes.		on's board of directors. I hereby accept the				
	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Registered	Agent	signature require	d when reinstating)	ATE			
12.	Signature, typed or printed name of registered a OFFICERS	agent and title if applicable.  AND DIRECTORS	(NOTE: Registered	l Agent	signature require	d when reinstating)  ADDITIONS/CHANGES TO OFFICE		DIRECTO	ORS IN 12	
12.		<u> </u>	13.		signature require	- Interregional Control of the Contr	RS AND I	OIRECTO	DRS IN 12	
TITLE	OFFICERS A	AND DIRECTORS	13.	TLE	signature require	- Interregional Control of the Contr	RS AND I			
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STREET ADDRESS 14. I hereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-522-0485