## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M16759

(6)

MORRIS SOLOMON, P.A.

FILED Feb 20 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address				- a designati din bisin shiri desidi bakin da	4 MIRAL BIRK ALAKA M		
SOLOMON, MORRIS SOLOMON, I		MORRIS						
3650 INVERRARY DRIVE APT G-3P 3650 INVERRARY DRIVE			•					
LAUDERHILL FL 33319 LAUDERHILL FL 33319					DO NOT WRITE	IN THIS SPACE	<u>:</u>	
US	US				3. Date incorporated or Qualified 06/14/1985			
2. Principal Place of Business	2a. Mailing Address			<del></del>	4. FEI Number		Appli	ed For
21	26				NOT APPLICABLE			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						□ \$8	.75 Add	
22	27				5. Certificate of Status Desired	1 1	ee Requ	
City & State City & State					6. Election Campaign Financing	\$!	.00 Ma	av Be
23	28				Trust Fund Contribution		dded to F	
Zip Country	Zip	` <b>├</b> , `			B. This corporation owes or has pai	d the current ye	ar Intanç	gible
24 25	29	30			Personal Property Tax due June 30. 🔀 Yes 🔲 No			
9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Rec	gistered Agent		
SOLOMON, MORRIS			81	Name				
3850 INVERRARY DRIVE APT G-3P			82	Street Addre	ss (P.O. Box Number is Not Acceptable	(e)	·	
Lauderhill fl 33319								
			83					
			84	City		<b>—.</b> 85	Zip Coc	de
44 Purcuant to the provisions of Sections 507.05	00 and 607 1600. Florida Otat	أعطه ما	Щ			FL °°	·	
<ol> <li>Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat</li> </ol>	e of Florida. Such change was	ies, trie ai authorize	oove d by	the corporatio	pration submits this statement for the pu on's board of directors. I hereby accep	urpose of chang t the appointme	jing its re Int as rec	egistered distered
agent. I am familiar with, and accept the oblin	gations of, Section 607.0505, Fi	orida Stat	ules.					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE								
Signature, typod or printed name of registered at 12. OFFICERS AI	gent and little if applicable. (NOT ND DIRECTORS		Agen	nt signature required		DATE		
TIFLE P	DELETE	11.70	ne <b>D</b>	RES	ADDITIONS/CHANGES TO OFFICE	EHS AND DIRE		Addition
NAME SOLOMON, MORRIS		1.2 N/				ان لیا	niño €	ן ווטוווטטא ב
STREET ADDRESS 3650 INVERRARY DRIVE AP	T G.3P							
CITY-ST-ZIP LAUDERHILL FL		1.3 STREET ADDRESS						ļ,
TITLE	0		1.4 CITY-ST-ZIP 2.1 TITLE					- Addition
NAME	[] OLLEN	ł				☐ Ch	ange _	_ Addition   C
STREET ADDRESS		2.2 NAM						
				NODRESS				
CITY-ST-ZIP TITLE			TY-ST	r-ZIP				4 2 111
	_ ····					L. Ch	ınge L	_ Addition
NAME OTDEET ADDRESS		3.2 NA						
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP	Driete	3.4. CI		- ZIP		···		7
TITLE	☐ DELETE	4.1 TIT				- Chi	ange L	Addition
NAME		4.2 N/						
STREET ADDRESS		4.3 ST	REET A	DDRESS	•			
CITY-ST-ZIP		4.4 CO		- ZIP				
TITLE	DELETE	5.1 TIT	LE			Cha	nge 🗀	Addition
NAME		5.2 NA	ME		•			i
STREET ADDRESS		5.3 ST	REET A	DDRESS				
CITY-ST-ZIP		5.4 CI1	Y-\$T-	- ZIP		··· <u>-</u>		
TITLE	☐ DELETE	6.1 T(T	LE			☐ Cha	nge 🗀	Addition
NAME		6.2 NA	ME		,			
STREET ADDRESS		6.3 ST	REET A	DDRESS				
CITY-ST-ZIP	·	6.4 CIT	Y-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 expowered 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.

CICNATURE: <

2/17/98 (954)525277