FILED Apr 27, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M36126

1. Corporation Name

LAW OFFICES OF PHILIP T. WEINSTEIN, P.A.

Principal Place	e of Business		Mailing Address			"	1 (40106) de 1110 mar 1100 mar 2111 eten eten eten eten eten eten eten e						
2250 S.W. 3RD AVENUE 5TH FLOOR			2250 S.W. 3RD AVENUE 5TH FLOOR				DO NOT WRITE IN THE SPACE						
MIAMI FL 33129-2210			MIAMI FL 33129-2210				a Data In	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
							1	•	ameu				
O Dringing D	lana of Dunianan		2a. Mailing Address				4. FEI Nu	/1986		$\overline{}$	App	jed For	
2. Principal Place of Business							<b>I</b>				Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			59-2717045			\$8	\$8.75 Additional			
Suite, Apr. #, etc.			27			5. Certificate of Status Desired Fee Required					•		
City & S'ate			City & State			6. Election Campaign Financing S5.00 May Be							
23			[28]			Trust Fund Contribution Added to Fees							
Zip Coun ry			Zip Country			8. This corporation owes the current year Intangible							
24	25	• •	29 30				1	1			☐Yes [JNo		
	11	Address of Current	- <del>-                                    </del>				10. Name	and Address of	New Registere	d Agent			
					81	Name							
WEINSTEIN, PHILIP T. 2250 S.W. 3RD AVENUE 5TH FLOOR MIAMI FL 33125-9094					82	Street A	dress (P.O. Box Number is Not Acceptable)						
					· Barcer Add		.O. DO.						
					83								
					84	City				85 Zip Ci		de	
					04	City			F	L  °°	Zip Oi	.,,,,,	
agent. I a	m familiar with, a	or poin, in the state of accept the obligat	Florida. Such change was ions of, Section 607.0505, F	Flc rida Stati	⊔tes.	•	quired when reinstating)		DATE				
12.	Signature, typed or pr	OFFICERS AN		13.	ngen	Lagrature 194		NS/CHANGES T		ND DIR	ECTOR	S IN 12	
TITLE	DP				1.1 TITLE							Addition	
NAME	WEINSTEIN, PHILIP T.		1.2		1.2 NAME								
STREET ADDRESS 2250 SW 3RD AVE., 5TH FL				1.3 STREET ADDRESS									
CITY-ST-ZIP	MIAMI FL	<i>-</i> , , , , , , , , , , , , , , , , , , ,		1.4 CI	TY-ST	r-ziP							
TITLE	1111/11111111		☐ DELETE	2.1 TIT						□ CH	ange	Addition	
NAME				2.2 NA	2.2 NAME								
STREET ADDRESS	أع		2.3		2.3 STREET ADDRESS								
CITY-ST-ZIP				2.4 C	2. 4 CITY-ST-ZIP						2.5		
TITLE			☐ DELETE	3.1 TIT	ΓLE					☐ CH	nange	☐ Addition	
NAME				3.2 NA	ME								
STREET ADDRESS				3.3 ST	REET	ADDRESS							
CITY-ST-ZIP				34 C	ITY-\$	T-ZIP							
TITLE			☐ DELETE	4.1 TI	TLE					☐ Ch	nange	☐ Addition	
NAME				4, 2 N	AME	1							
STREET ADDRESS				4 3 ST	REET	ADDRESS							
CITY-ST-ZIP				4 4 CI	IY-SI	I-ZiP							
TITLE			☐ DELETE	5.1 TF						☐ CI	nange	☐ Addition	
NAME				5.2 NA									
STREET ADORESS				5.3 ST	REET	ADDRESS							
CITY-ST-ZIP				5.4 CI		î-ZIP							
TITLE			☐ DELETE	6.1 TI	ΓLE	Ī				☐ CH	nange	☐ Addition	
NAME				6.2 NA	ME								

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 accute 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 attach yield with an address, with a light of the corporation of the corporation or the receiver or trustee empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

4/20199