05-19-1999 90001 017 ***750.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M63895

1. Corporation SHAPIRO) PERTNOY HOLDING COMI	PANY							
Principal Place of Business Mailing Address						- I TORINDAY ILO DISED ISIDI SOSTE IBIDI ESIS	MAN EN	iki dibili badı	I BIBLI DIBIL LBDI
·									
3111 FORTUNE WAY 3111 FORTUNE WAY B-18									
WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						12/22/1987			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		A	pplied For
21		26			65-0019099		1	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_		\$8.75	Additional	
22		27			5. Certifcate of Status Desired		Fee F	Required	
City & State	9	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees	
Zip	Country Zip Co			ntry 8. This corporation owes the current year			ar Inta	ngible	
24	25 29 30					Personal Property Tax.		∐ Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Regist	ered A	gent	
			81	1	Name	·			
PERTNOY, RONALD				Ψ.	O4 4 4 4 4	(D.O. D. M. haria hist Assessable)			
3111 FORTUNE WAY				2 3	Street Addre	ess (P.O. Box Number is Not Acceptable)			İ
B-18				3		-			
WEST PALM BEACH FL 33414					_				
			84	4	City		FL	85 Zip	Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was auth	norized by	y th	named corpo ne corporation	oration submits this statement for the purpoin's board of directors. I hereby accept the	se of c appoint	hanging it	s registered egistered
SIGNATURE	Clareture based or printed page of registered agent	and title if applicable (NOTE: Pr	anietorad Ana	ent e	Langture required	when reinstating) DA	TE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 21. OFFICERS AND DIRECTORS 13.					agribitate roquiree	ADDITIONS/CHANGES TO OFFICER		DIRECT	ORS IN 12
TITLE				1.1 TITLE				Change	
NAME	OLIVEIRO ATTITU			1.2 NAME					
}	ALL FORTING WAY DAG				DODECC				
STREET ADDRESS	MEGT DALAS DEAGLES		1	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
CITY-ST-ZIP				2.1 MLE				Change	Addition
				2.2 NAME					
NAME	AAAA EARTHUE WAY DAA		1						
STREET ADDRESS	WEST BALLS DESCRIPTION			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					,
CITY-\$T-ZIP					ZIP			☐ Change	Addition
TITLE				3.1 TITLE				Criding	
NAME				3.2 NAME					ĺ
STREET ADDRESS			I.	3.3 STREET ADDRESS					
CITY-ST-ZIP				3.4. CITY-ST-ZIP					T a data:
TITLE			4.1 TITLE					Change	☐ Addition
NAME 4.21		4. 2 NAME	4. 2 NAME					Ì	
STREET ADDRESS			4.3 STREE	ET A	DDRESS				
CITY-ST-ZIP			4.4 CITY-S	ST-Z	ZIP		<u></u>		
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition

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 of 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. CITY-ST-ZIP

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

561 7935852

Change

☐ Addition