

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90074 010 ***150.00

DOCUMENT # M76111

1. Corporation Name

MARTIN S. ROSENBLOOM, P.A.

Principal Place of Business

% MARTIN S. ROSENBLOOM
~~8220 S.R. 84, SUITE 302~~
FT. LAUDERDALE FL 33324

Mailing Address

% MARTIN S. ROSENBLOOM
~~8220 S.R. 84, SUITE 302~~
FT. LAUDERDALE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1988

4. FEI Number

65-0042855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1133 So. University Dr., Ste. 211

22 PLANTATION, FL

23 33324 USA

24 Zip Country

2a. Mailing Address

26 1133 So. University Dr., Ste. 211

27 PLANTATION FL

28 33324 USA

29 Zip Country

9. Name and Address of Current Registered Agent

ROSENBLOOM, MARTIN S.

~~8220 S.R. 84~~
~~SUITE 302~~
FT. LAUDERDALE FL 33324

10. Name and Address of New Registered Agent

81 Name (same)

82 Street Address (P.O. Box Number is Not Acceptable)
1133 So. University Dr., Suite 211

83 PLANTATION

84 City PLANTATION FL 85 Zip Code 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Martin S. Rosenbloom

2-13-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME ROSENBLOOM, MARTIN S.
STREET ADDRESS ~~8220 S.R. 84, #302~~
CITY-ST-ZIP ~~FT. LAUDERDALE FL~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME ☒ Change ☐ Addition
1.2 NAME SAME
1.3 STREET ADDRESS 1133 So. University Dr., Suite 211
1.4 CITY-ST-ZIP PLANTATION FL 33324

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 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.

SIGNATURE:

Martin S. Rosenbloom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-99 (954) 423-3700
Date Daytime Phone #

CR2E034 (11/98)