

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

0214004

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90004 024 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # M95215

1. Corporation Name  
JERROLD I. HORWITZ, P.A.

Principal Place of Business  
5900 SW 73RD ST  
STE 205  
SOUTH MIAMI FL 33143-5161  
US

Mailing Address  
5900 SW 73RD ST  
STE 205  
SOUTH MIAMI FL 33143-5161  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/22/1988

4. FEI Number  
65-0066275  
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 8600 SW 67 AVENUE  
Suite, Apt. #, etc.  
22 APT 939

2a. Mailing Address  
26 8600 SW 67 AVENUE  
Suite, Apt. #, etc.  
27 APT 939

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

24 Zip 33143 25 Country U.S.A.

29 Zip 33143 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORWITZ, JERROLD I.  
8600 SW 67TH AVE  
STE 939  
MIAMI FL 33143

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DPS	
NAME	HORWITZ, JERROLD I.	
STREET ADDRESS	8600 SW 67TH AVE #939	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	T	
NAME	HORWITZ, JERROLD I.	
STREET ADDRESS	8600 SW 67TH AVE #939	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: Jerrold I. Horwitz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 (305) 652-7008 X306  
Date Daytime Phone #

CRZE034 (11/98)