

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

FILED

Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P93000008344 (2)**

1. Corporation Name

FLORIDA REFERRAL SYSTEMS, INC.

Principal Place of Business

**7777 W. GLADES RD.
SUITE 208
BOCA RATON FL 33434**

Mailing Address

**7777 W. GLADES RD.
SUITE 208
BOCA RATON FL 33434**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1993

4. FEI Number

65-0384791

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 7777 W. GLADES ROAD	26 7777 W. GLADES ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 100	27 100
City & State	City & State
23 BOCA RATON, FL	28 BOCA RATON, FL
Zip	Zip
24 33434	29 33434
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

**GIMELSTOB, ELAINE
7777 W. GLADES RD.
SUITE 208
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name
ELAINE GIMELSTOB
82 Street Address (P.O. Box Number is Not Acceptable)
7777 W. GLADES ROAD
83 **SUITE 100**
84 City
BOCA RATON
85 Zip Code
FL 33434

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIMELSTOB, ELAINE	1.2 NAME	ELAINE GIMELSTOB
STREET ADDRESS	7777 W. GLADES RD., SUITE 208	1.3 STREET ADDRESS	7777 W. GLADES ROAD, SUITE 100
CITY - ST - ZIP	BOCA RATON FL 33434	1.4 CITY - ST - ZIP	BOCA RATON, FL 33434
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	MARC D. HOPIN
STREET ADDRESS		2.3 STREET ADDRESS	7777 W. GLADES ROAD, SUITE 100
CITY - ST - ZIP		2.4 CITY - ST - ZIP	BOCA RATON, FL 33434
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	WILLIAM L. EPSTEIN
STREET ADDRESS		3.3 STREET ADDRESS	7777 W. GLADES ROAD, SUITE 100
CITY - ST - ZIP		3.4 CITY - ST - ZIP	BOCA RATON, FL 33434
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE:

Elaine Gimelstob **ELAINE GIMELSTOB**

4/10/98

(561) 852-2900

CR2E034 (10/97)