

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

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

02-24-1999 90174 035 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000016515

1. Corporation Name

439 S. FLORIDA AVENUE, INC.

Principal Place of Business

943 CLINT MORE RD.
BOCA RATON FL 33487

Mailing Address

943 CLINT MORE RD.
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1993

4. FEI Number

65-0393048

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

HEISE, MARTIN P
6749 NW 62ND TERRACE
PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name

Gerald S. Bersow

82 Street Address (P.O. Box Number is Not Acceptable)

943 Clint Moore Rd.

83

84 City

Boca Raton

FL

85 Zip Code

33487

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-99

12. OFFICERS AND DIRECTORS

TITLE D
NAME HEISE, MARTIN P
STREET ADDRESS 943 CLINT MOORE ROAD
CITY-ST-ZIP BOCA RATON FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D, VP

☐ Change

☒ Addition

1.2 NAME

GERALD S. BERSOW

1.3 STREET ADDRESS

943 CLINT MOORE RD.

1.4 CITY-ST-ZIP

BOCA RATON, FL. 33487

2.1 TITLE

Secretary

☐ Change

☒ Addition

2.2 NAME

Louis G. Amodio

2.3 STREET ADDRESS

170 Barbour Rd

2.4 CITY-ST-ZIP

New Britain, CT 06053

3.1 TITLE

Treasurer

☐ Change

☒ Addition

3.2 NAME

John A. Amodio

3.3 STREET ADDRESS

111 Oakwood Dr

3.4 CITY-ST-ZIP

New Britain, CT 06052

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: *Gerald S. Bersow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

Date

561 997 0015

Daytime Phone #

CR2E034 (11/98)