

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 06/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

22 MAY 24 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000036577  
1. Corporation Name

ARIE MREJEN, P.A.

Principal Place of Business  
701 W. CYPRESS CREEK RD.  
SUITE 302  
FT. LAUDERDALE FL 33309  
US

Mailing Address  
PO BOX 5062  
FT LAUDERDALE FL 33310  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	05/19/1993		
4. FEI Number	65-0412499	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$6.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	
22 City & State	27 City & State	
23 Zip Country	28 Zip Country	
24	29	30

8. Name and Address of Current Registered Agent  
MREJEN P.A., ARIE  
701 W CYPRESS CREEK RD  
SUITE 302  
FT LAUDERDALE FL 33309

18. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	
TITLE	PD
NAME	MREJEN, ARIE
STREET ADDRESS	701 W CYPRESS CREEK RD, #302
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	5/24/99 90008 031 \$150.00
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; that I am 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 checked, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ ARIE MREJEN, Pres. 7/8/99

CR2E034 (5/99)



LAW OFFICES  
**ARIE MREJEN**  
A PROFESSIONAL ASSOCIATION

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FACSIMILE TRANSMITTAL SHEET

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TO:	FROM:
DEPARTMENT OF STATE	ARIE MREJEN, ESQ.
COMPANY:	DATE:
DIVISION OF CORPORATIONS	July 7, 1999
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
950-487-6017	3
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:

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RE:	YOUR REFERENCE NUMBER:
<b>ATTENTION KRISTIN</b>	

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- URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY     PLEASE RECYCLE

NOTES/COMMENTS:

Dear Kristin:

Enclosed is a copy of the Annual Report document and a copy of the check that was sent as payment on May 21, 1999 and deposited on June 3, 1999. If there are any problems regarding this matter, please do not hesitate to contact me at the numbers below.

Sincerely,  
ARIE MREJEN, P.A.

/S/

By: \_\_\_\_\_  
Arie Mrejen, Esq.

CORPORATE PARK AT CYPRESS CREEK - ONE CYPRESS PLACE  
701 WEST CYPRESS CREEK RD., SUITE 302, FORT LAUDERDALE, FLORIDA 33309  
POST OFFICE BOX 5082, FORT LAUDERDALE, FLORIDA 33310-5082

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TEL: (954) 771-3740  
FAX: (954) 771-3047