

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Aug 13 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 # **P93000054451 (8)**

1. Corporation Name

**CHARLOTTE E. KARLAN, P.A.**

Principal Place of Business

**44 W. FLAGLER ST., SUITE 404  
MIAMI FL 33130**

Mailing Address

**44 W. FLAGLER ST., SUITE 404  
MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/01/1993**

4. FEI Number

**65-0432772**

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

**21 800 BRICKELL AVE**

Suite, Apt. #, etc.

**22 SUITE # 1115**

City & State

**23 MIAMI FL**

Zip

**24 33131**

Country

**25 USA**

2a. Mailing Address

**26 800 BRICKELL AVE**

Suite, Apt. #, etc.

**27 SUITE # 1115**

City & State

**28 MIAMI, FL**

Zip

**29 33131**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**KARLAN, CHARLOTTE E**

**44 W. FLAGLER ST., SUITE 404**

**MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name

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

**800 BRICKELL AVE**

**83 SUITE # 1115**

84 City

**MIAMI**

**FL**

85 Zip Code

**33131**

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** ☐ DELETE

NAME **KARLAN, CHARLOTTE E ESQ**

STREET ADDRESS **44 W. FLAGLER ST., SUITE 404**

CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS **800 Brickell Ave # 1115**

1.4 CITY-ST-ZIP **MIAMI FL 33131**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Charlotte E. Karlan*

**8/7/98 305  
530-8300**

CR2E034 (5/98)