FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90065 037 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEP/RTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000025694

1. Corporation Name

Driveinal Dags of Business

ISICOFF & RAGATZ, P.A.

Principal Place of business Maining Address													
1101 BRICKELL	AVE.	1101 BRICKELL AVE.											
STE 800 SOUTH TOWER		STE 800 SOUTH TOWER			DO NOT WRITE IN THIS SPACE								
MIAMI FL 33131		MIAMI FL 33131					DO NOT WRITE IN THIS SPACE						
US	US					3. Date Incorporated or Qualifed							
							04/04/19						1
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For			1	
21		26	26				65-0480	636			Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Additional							
22		27	27				Fee Required						
City & State	9	City & State	City & State				6. Election Ca	ampaign Financii		\$	5.00	May Be	
23		28	28				Trust Fund	d Contribution	'g 🗆	A	dded to	Fees	
Zip Country		Zip Cour					8 This corpo	ration owes the o	urrent vear In	angible			1
24			30	10				Property Tax.	· · · · · · ·	ŬYe		□No	
	9. Name and Address of Curren:	100	<u> </u>			10. Name and Address of New Registered Agent						7	
	J. Name and Address of Garren.	A STATE OF THE STA		81	Nam	e —							7
RAYE	er, neil												]
	VIRGINIA STREET					et A idre	ess (P.O. Bo∢Nu	mber is Not Acce	eptable)				
													-
LUUL	ONUT FL 33133			83									
			ŀ	84	City					85	Zip C	ode	1
				-	Oit,				FL	-   "	_,		
11. Pursuant t	to the provisions of Sections 607.050.	and 607.1508, Florida Stati	ites, the al	oove	-name	d corpo	oration subm ts th	nis statement for	the purpose of	chang	ing its	registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	if Florida, Such change was i	authorized	DV:	tne co	rporatio	on's board of direc	ctors. I hereby ac	cept the ap 30	intmen	as re	iistereo	
-	m lamiliar with, and accept the obligan	ons or, dection our losso, i	Onda Otati										1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NO	E: Registered	Agen	t signatui	re recuired	when reinstating		DATE				1.
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS A				AND DIRECTORS IN 12		
TITLE	D	□ DELETE		1.1 TITLE						c	hange	Addition	7
	ISICOFF, ERIC D		1 2 NA	12 NAME									
NAME	The second secon					, <u>,</u>							13
l l		OUTH TOWER	· ·		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP								
CITY-ST-ZIP	MIAMI FL				r-ZIP	-+-		<del></del>		בשמ	nange	Addition	1 8
TITLE	D DELETE		2.1 ۱۱۱		I					U	ange	□ radiuon	
NAME	RAGATZ, TERESA			2.2 NAME									
STREET ADDRESS 1101 BRICKELL AVE STE 800 SOUTH TOWER			2.3 ST	REET	ADDRES	ss							1
CITY-ST-ZIP	MIAMI FL		2. 4 CI	TY-S	T-ZiP								1
TITLE		☐ DELETE	3.1 TIT	LE							nange	Addition	
NAME			3.2 NA	ME									
STREET ADDRESS	ADDFESS		3.3 ST	3.3 STREET ADDRESS		ss							
CITY-ST-ZIP			34 CI	TY-S	T-ZIP								
TITLE		☐ DELETE	4 1 TIT			+-				c	hange	Addition	
	<del>_</del>		4 2 N	4. 2 NAME									
NAME					ADDRES								
STREET ADDFESS						20							
CITY-ST-ZIP				4.4 CITY- ST-ZIP		+-		<del></del>		[] (	hange	Addition	1
TITLE	☐ DELETE			5.1 TITLE 5.2 NAME							ionge		
NAME													
STREET ADDF ESS					ADDRES	SS							1
CITY-ST-ZIP			5.4 CI		T-ZIP								4
TITLE		☐ DELETE	6.1 TIT	LE						□ c	hange	☐ Addition	
NAMÉ			6.2 NA	6.2 NAME									
CTREET APPLIES			63 ST	REET	ADDRES	ss							1

14. There by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.(7(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 signs ture shall have the same legal effect as if made under oath; that arm an office 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 or equal transfer to 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 or equal transfer to the receiver or trustee, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDF ESS

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED O T PRINTED