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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000058318

JANICE WEINTRAUB, L.C.S.W., P.A.

					9)(#1 #4(## ((#6) ()##) (#1) 10#)	
Principal Place of Business Mailing Address						
1137 NW 114TH AVE CORAL SPRINGS FL 33071 1137 NW 114TH AVE CORAL SPRINGS FL 33071						
				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				08/05/1994		
a Principal Pl	lace of Business	2a. Mailing Address		4, FEI Number	Applied For	
$\overline{}$	lace of Dusiness	26		65-0513755	Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional	
22	#, o.c.	27		5. Certificate of Status Desired	Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	-	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Int		
24	25	29	10	Personal Property Tax.	Yes □ No	
	9. Name and Address of Cur			10. Name and Address of New Registered	Agent	
			81 Name	•		
WEINTRAUB, JANICE 1137 NW 114TH AVE CORAL SPRINGS FL 33071			82 Stree	t Address (P.O. Box Number is Not Acceptable)	ss (P.O. Box Number is Not Acceptable)	
				The second secon		
			83			
1			04 60		85 Zip Code	
			84 City	FL	. OS Zip Codo	
SIGNATURE	Signature, typed or printed name of registered	-9		required when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12	
12.		AND DIRECTORS	13. 1.1 TITLE	Abbridgeriance to en general	☐ Change ☐ Addition	
TITLE	D MEINTONIA IANICE		1.2 NAME	1.9816		
NAME	WEINTRAUB, JANICE 1137 NW 114TH AVE		1.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP	CORAL SPRINGS FL 33071	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
TITLE			2.2 NAME		•	
NAME			2.3 STREET ADDRES	s		
STREET ADDRESS			2.4 CITY-ST-ZIP	°		
CITY-ST-ZIP		□ DELETE	3.1 TITLE		☐ Change ☐ Addition	
TITLE			3.2 NAME	· ·		
NAME	-		3.3 STREET ADDRES	s		
STREET ADDRESS	'		3.4. CITY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	4,1 TITLE		☐ Change ☐ Addition	
NAME			4.2 NAME	<u> </u>	•	
STREET ADDRESS			4.3 STREET ADDRES	s	•	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	·	<u></u>	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRES	I		
J. A. D.	1.5		5.4 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. CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90032 006 ***150.00

☐ Change

☐ Addition