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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P94000071928**1. Corporation Name

NORMAN CIMENT, ESQ., P.A.

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 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.

**FILED** Jan 27, 1999 8:00am **Secretary of State** 

01-27-1999 90021 027 \*\*\*150.00

|  |   |  |  |   | MANT HANDI INDAN KAKIN II         | (10) (11) (00)                       |
|--|---|--|--|---|-----------------------------------|--------------------------------------|
| rincipal Place of Business   | Mailing Address   |  |  | ,   |                                   |                                      |
| 7 LINCOLN ROAD   | 407 LINCOLN ROAD<br>SUITE 704   |  | DO NOT WRITE IN THIS SPACE   |   |                                   |                                      |
| 04   | MIAMI BEACH FL 33139  |  |  | 3. Date Incorporated or Qualifed                  |                                   |                                      |
| iami Beach FL 33139<br>S   | US  |  |  | 3. Date incorporated of Qualited 09/29/1994       |                                   |                                      |
| · <u>·</u>   | - Address   |  |  | 4. FEI Number                                     | App                               | lied For                             |
| Principal Place of Business  | 2a. Mailing Address   | •  |  | 65-0532312  |                                   | Applicable                           |
| i]   | Suite, Apt. #, etc.   |  | <del></del>  |   | \$8.75 A                          |                                      |
| Suite, Apt. #, etc.  | <u>├</u> ~ ` ` ` `  |  |  | 5. Certificate of Status Desired                  | Fee Rec                           |                                      |
| 2  | City & State  |  |  | 6. Election Campaign Financing                    | \$5.00                            |                                      |
| City & State   | 28  |  |  | Trust Fund Contribution                           | Added to                          | Fees                                 |
| 3  | Zip   | Country  |  | 8. This corporation owes the current year         | ar Intangible                     | ∐No                                  |
| Zip Country  | I   | 30   |  | Personal Property Tax.                            |                                   |                                      |
| 9. Name and Address of Curren  | 23  |  |  | 10. Name and Address of New Regist                | erea Agein                        |                                      |
| a. Name and Address of Curren  | The first Land  | 81   | Name   | ٠   |                                   |                                      |
| CIMENT, NORMAN   | •   | 82   | Street Addr  | ess (P.O. Box Number is Not Acceptable)           |                                   |                                      |
| 407 LINCOLN RD   |   | "  |  | 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1           | 10 Sec. 22 A Central Co. 10       | 35 30 14 3                           |
| SUITE 507  |   | 83   |  |   |                                   |                                      |
| MIAMI BEACH FL 33139   | •   | 84   | City   |   | 85 Zip (                          | Code                                 |
|  |   | 1  |  | ·   | FL                                | registered                           |
| agent. I am familiar with, and accept the obligation   | ations of, Section 607.0505, Flo  | onda Statutes  | <b>5</b> .   |   | ATE .                             |                                      |
| SIGNATURE Signature, typed or printed name of registered age   | ations of, Section 607.0505, Flo  | onda Statutes  | <b>5</b> .   | ad when reinstating)  ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTO                    | ORS IN 12                            |
| SIGNATURE  Signature, typed or printed name of registered age  12. OFFICERS Af   | ations of, Section 607.0505, Flo  | E: Registered Age  | <b>5</b> .   |   | ATE .                             |                                      |
| SIGNATURE  Signature, typed or printed name of registered age  12. OFFICERS AF   | ations of, Section 607.0505, Floring and title if applicable. (NOTE ND DIRECTORS                          | E: Registered Age  13.  1.1 TITLE  1.2 NAME  | ent signature require  | ad when reinstating)  ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTO                    | ORS IN 12                            |
| SIGNATURE  Signature, typed or printed name of registered age  12. OFFICERS AF  TITLE D  NAME CIMENT, NORMAN   | ations of, Section 607.0505, Floring and title if applicable. (NOTE ND DIRECTORS                          | E: Registered Age  13.  1.1 TITLE  1.2 NAME  | ont signature require  | ad when reinstating)  ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTO                    | ORS IN 12                            |
| SIGNATURE   | ations of, Section 607.0505, Floring and title if applicable. (NOTE ND DIRECTORS                          | E: Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-5   | int signature require  ET ADDRESS  ST-ZIP  | ad when reinstating)  ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTO                    | DRS IN 12<br>☐ Addition              |
| SIGNATURE   | ations of, Section 607.0505, Floring and title if applicable. (NOTE ND DIRECTORS                          | E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE  | ent signature require  | ad when reinstating)  ADDITIONS/CHANGES TO OFFICE | ATE<br>RS AND DIRECTO<br>☐ Change | ORS IN 12                            |
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| SIGNATURE SIGNATURE SIGNATURE  12. OFFICERS AT  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CIMENT, NORMAN 407 LINCOLN RD MIAMI BEACH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ations of, Section 607.0505, Flo ant and title if applicable. (NOTE ND DIRECTORS DELETE                   | E: Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-  2.1 TITLE  2.2 NAME  2.3 STREE  2.4 CITY-  3.1 TITLE  3.2 NAME  | et address  et address  st-zip  et address  st-zip   | ad when reinstating)  ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTO                    | DRS IN 12  Addition                  |
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