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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000006022** 1. Corporation Name

PAUL FINE & ASSOCIATES, INC.

Principal Plac	ce of Business	Mailing Address	,	1 INDESIDUE TEN ENERS WEET NOTICE CHILL BROKE I	hear goard backs orein seren eine eine fagt
7040 WEST PALMETTO PARK ROAD 5442 NW 42ND AVE BOCA RATON FL 33433 BOCA RATON FL 33496			,		
·	•	•		DO NOT WRITE IN T	HIS SPACE
		•		 Date Incorporated or Qualifed 01/24/1995 	•
⊢ ¬	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0580743	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	te ·	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28		Trust Fund Contribution	Added to Fees
⊢ '	Country	Zip	Country	8. This corporation owes the current year	
24	25 9. Name and Address of Cur		30	Personal Property Tax.	☐ Yes ☐ No
	9, Name and Address of Cur	H. M. M. J. J. M. J. M. J. M. J. M. J. M. J. M. J. M. J. M. J. M. J. M. J. M. J. J. J. M. J. J. J. M. J. J. J. M. J. J. J. J. M. J. J. M. J.	81 Name	10. Name and Address of New Register	ed Agent
FIN	E, PAUL	to be to the territory and the contract of	Ivaille		•
544	2 NW 42ND AVENUE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
BOO	CA RATON FL 33496		83	18	The state of the s
			63		
			84 City		85 Zip Code
11 Pursuant	to the provisions of Sections 607 (1502 and 607 1509 Florida Statuta	the share accordance	F	<u>L</u>
Unice of t	registered agent, or both, in the Sta	0502 and 607.1508, Florida Statute ate of Florida. Such change was au ligations of, Section 607.0505, Flori	uthorized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered pointment as registered
Unice of t	egistered agent, or both, in the Sta	ate of Florida. Such change was au ligations of, Section 607.0505, Flori	uthorized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered pointment as registered
agent. I a	egistered agent, or both, in the Sta em familiar with, and accept the obl Signature, typed or printed name of registered	agent and title if applicable. (NOTE: I	Ithorized by the corporation ida Statutes. Registered Agent signature requires	on's board of directors. I hereby accept the ap	pointment as registered
agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obl Signature, typed or printed name of registered OFFICERS	ate of Florida. Such change was au ligations of, Section 607.0505, Flori egent and title if applicable. (NOTE: AND DIRECTORS	Introrized by the corporation of	on's board of directors. I hereby accept the ap	pointment as registered AND DIRECTORS IN 12
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE: I	Registered Agent signature require 13. 1.1 TITLE	on's board of directors. I hereby accept the ap	pointment as registered
agent. I a SIGNATURE 12. TITLE NAME	signature, typed or printed name of registered OFFICERS P FINE, PAUL	ate of Florida. Such change was au ligations of, Section 607.0505, Flori egent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	on's board of directors. I hereby accept the ap	pointment as registered AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS P FINE, PAUL 5442 N.W. 42ND AVE.	ate of Florida. Such change was au ligations of, Section 607.0505, Flori egent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE	on's board of directors. I hereby accept the ap	pointment as registered AND DIRECTORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	signature, typed or printed name of registered OFFICERS P FINE, PAUL	egent and title if applicable. (NOTE: I	rida Statutes. Registered Agent signature requires 13. 1.1 TITLE 1.2 NAWE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	on's board of directors. I hereby accept the ap	AND DIRECTORS IN 12 Change Addition
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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 adpliemental 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 inhowered 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90053 025 ***150.00