

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 # P95000025783

1. Corporation Name

ZACK KOSNITZKY, P.A.

Principal Place of Business

100 SE 2ND STREET
28TH FLOOR
MIAMI FL 33131

Mailing Address

100 SE 2ND STREET
28TH FLOOR
MIAMI FL 33131

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE
SUITE 700
MIAMI FL 33131

11. Pursuant to the provisions of Sections 607.0592 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 and board of directors. Thereby I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0595, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent with title, if applicable

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	DVST KOSNITZKY, MICHAEL	100 SE 2ND ST., 28 FLOOR	MIAMI FL 33131
	DVP ZACK, STEPHEN N	100 SE 2ND ST., 28 FLOOR	MIAMI FL 33131
	DVP STEINMAN, JAY	100 SE 2ND ST., 28 FLOOR	MIAMI FL 33131
	D/P GOODSTONE, DEBRA W	100 SE 2ND ST., 28 FLOOR	MIAMI FL 33131
	DVP RASH, H STEPHEN	100 SE 2ND ST 28TH FLOOR	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
11 TITLE	11 NAME	11 STREET ADDRESS	11 CITY-STATE-ZIP
12 TITLE	12 NAME	12 STREET ADDRESS	12 CITY-STATE-ZIP
13 TITLE	13 NAME	13 STREET ADDRESS	13 CITY-STATE-ZIP
14 TITLE	14 NAME	14 STREET ADDRESS	14 CITY-STATE-ZIP
15 TITLE	15 NAME	15 STREET ADDRESS	15 CITY-STATE-ZIP
16 TITLE	16 NAME	16 STREET ADDRESS	16 CITY-STATE-ZIP
17 TITLE	17 NAME	17 STREET ADDRESS	17 CITY-STATE-ZIP
18 TITLE	18 NAME	18 STREET ADDRESS	18 CITY-STATE-ZIP
19 TITLE	19 NAME	19 STREET ADDRESS	19 CITY-STATE-ZIP
20 TITLE	20 NAME	20 STREET ADDRESS	20 CITY-STATE-ZIP
21 TITLE	21 NAME	21 STREET ADDRESS	21 CITY-STATE-ZIP
22 TITLE	22 NAME	22 STREET ADDRESS	22 CITY-STATE-ZIP
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25 TITLE	25 NAME	25 STREET ADDRESS	25 CITY-STATE-ZIP
26 TITLE	26 NAME	26 STREET ADDRESS	26 CITY-STATE-ZIP
27 TITLE	27 NAME	27 STREET ADDRESS	27 CITY-STATE-ZIP
28 TITLE	28 NAME	28 STREET ADDRESS	28 CITY-STATE-ZIP
29 TITLE	29 NAME	29 STREET ADDRESS	29 CITY-STATE-ZIP
30 TITLE	30 NAME	30 STREET ADDRESS	30 CITY-STATE-ZIP

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[Signature]

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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, for all other lines employed.

SIGNATURE: *[Signature]* 4/15/99 (305)539-8400

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