

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90052 041 ***150.00

DOCUMENT # P95000052410

1. Corporation Name

SAMUEL R. HALPERN, P.A.

Principal Place of Business

629 S.E. 5TH AVENUE
FORT LAUDERDALE FL 33301

Mailing Address

629 S.E. 5TH AVENUE
FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1995

4. FEI Number

65-0597739

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 2856 East Oakland Park Blvd

2a. Mailing Address

26 2856 East Oakland Park Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ft. Lauderdale, FL

City & State

28 Ft. Lauderdale, FL

Zip

24 33306

Country

25 U.S.A.

Zip

29 33306

Country

30 USA

9. Name and Address of Current Registered Agent

HALPERN, SAMUEL R
629 S.E. 5TH AVENUE
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 HALPERN, SAMUEL R

82 Street Address (P.O. Box Number is Not Acceptable)

2856 East Oakland Park Blvd

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33306

11. Pursuant to the provisions of Sections 607.0502 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's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *SAMUEL R. HALPERN*
Signature, typed or printed name of registered agent and title if applicable.

SAMUEL R. HALPERN PRESIDENT

1-4-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HALPERN, SAMUEL R
STREET ADDRESS 629 S.E. 5TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ 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 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.

SIGNATURE: *SAMUEL R. HALPERN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)