May 04, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTAENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # P95000070404

1. Corporation Name

SALOMON & MITTELBERG, P.A.

Principal Place of Business Mailing Address 2417 UNIVERSITY DR. 2417 UNIVERSITY DR.		BIH BIBI HAAI
2417 UNIVERSITY DR. 2417 UNIVERSITY DR.		
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 DO NOT WRITE IN THIS S	SPACE	
3 Date Incorporated or Qualifed	,,,,, <u>o</u> _	
09/12/1995		
	Apr	lied For
		Applicable
	\$8.75 A	
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	Fee Red	
City & State City & State 6. Election Campaign Financing	\$5.00 h	May Be
23 Trust Fund Contribution	Added to	Fees
Zip Country Zip Country 8. This corporation owes the current year Inter	ngible	
24 25 29 30 Personal Property Tax.	Yes	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered A	gent	
81 Name .		ĺ
MITTELBERG, BARRY S 82 Street Address (P.O. Box Number is Not Acceptable)		
2417 UNIVERSITY DRIVE		
3RD FLOOR		
CODAL CODINGS EL COGS		
CORAL SPRINGS FL 33065		
94 City	85 Zip C	ode
FL City FL City FL The plant SO 7 4508 Elevide Statutes the plant source tips submits this statement for the purpose of city	hanging its r	registered
94 City	hanging its r	registered
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 cloffice 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 appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	hanging its r	registered
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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.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

LUPE REQUIRED

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CITY-ST-ZIP

CJTY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

TITLE

NAME

TITLE

NAME

☐ Change

Change

Addition

Addition