## 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 # P95000071347

SAUL RADLER, C.P.A., P.A.

	Principal	Place	of	Business
ŀ				

Mailing Address

12340 N.E. 6TH COURT

## **FILED** Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90052 030 \*\*\*150.00



12340 N.E. 6TH COURT N MIAMI FL 33161 N MIAMI FL 33161 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/15/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0611126 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State -6. Election Campaign Financing \$5.00 May Be  $\Box$ Trust Fund Contribution: Added to Fees 28 23 Country Zip Country 8. This corporation owes the current year Intangible ⊠No 30 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9: Name and Address of Current Registered Agent RADLER, SAUL Street Address (P.O. Box Number is Not Acceptable) 12340 NE 6TH COURT NORTH MIAMI FL 33161 83 Zip Code 84 85 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition ☐ DELETE 1.1 TITLE TITLE RADLER, SAUL 12 NAME NAME 12340 N.E. 6TH COURT 1.3 STREET ADDRESS STREET ADDRESS N MIAMI FL 33161 1.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE 31 TITLE Change 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME. 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition ☐ DELETE Change | 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE DELETE TITLE

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

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

检认自复销联合约5

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