## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT\* · · CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600000081 (5)

MYLES H. MALMAN, P.A.

## FILED Jan 26 1998 8:00am Secretary of State

[						
Principal Plac	ce of Business	Mailing Address				
12955 BISCAYNE BLVD. STE 202 12955 BISCAYNE BLVD. NO. MIAMI FL 33181 NO. MIAMI FL 33181					DO NOT WRITE I	N THIS SPACE
					3. Date Incorporated or Qualified	T THIS SPACE
					01/02/1996	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0629200	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u>-</u>		\$8.75 Additional
22		27		·	5. Certificate or Status Desired	Fee Required
City & Star	le	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	· 1 - 2	28				Added to Fees
<b>⊢</b> '	Country	Zip	Count	ry	8. This corporation owes or has paid	the current year intangible
24	25   9. Name and Address of Cu	29	30		Personal Property Tax due June 3	0. 🗆 Yes 🔀 No
		irrent Registered Agent	<del>8</del>	Nama	<ol> <li>Name and Address of New Regi</li> </ol>	stered Agent
1	HEN, JEFFREY R		°	1 Name		
I	SUNNY ISLES BLVD.		8:	Street A	Address (P.O. Box Number is Not Acceptable	)
NO	. MIAMI BEACH FL 33160		-			
			83	<b>'</b>		
			84	City		a5 Zip Code
44 5						_ <b> -</b> -      `
					corporation submits this statement for the pur oration's board of directors. I hereby accept t	pose of changing its registered
agent. I a	m familiar with, and accept the of	bligations of, Section 607.0505, Flo	rida Statute	s.	orations board of directors. I hereby accept t	rie appointment as registered
SIGNATURE						
10	Signature, typed or printed name of registerer			ent signature r	required when reinstating)	DATE
12. TITLE		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	
	D	LI DELETE	1.1 TITLE			Change Addition
NAME	MALMAN, MYLES H		12 NAME	- 1		
STREET ADDRESS	12955 BISCAYNE BLVD.		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	NO. MIAMI BEACH FL		1.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	2.1 THTLE			Change Addition
NAME			22 NAME	İ		
STREET ADDRESS			2.3 STREET	F ADDRESS		
CITY-ST-ZIP			2. 4 C/TY-	ST-ZIP		
TITLE		L.) DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADORESS			3 3 STREET	ADDRESS		*
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	T-ZIP		_
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME		Al .	1/2 :
STREET ADDRESS			5.3 STREET	ADDRESS	$\langle \mathcal{L} \rangle$	1/2/2
CITY-ST-ZIP			5.4 CITY-S		$p_{\mathcal{U}}$	100
TITLE	······································	DELETE	6.1 TITLE	·	<u> 0000024∦2</u> 4	Change Addition
NAME			6.2 NAME		-01/27/9801018	-019
STREET ADDRESS			6.3 STREET	ADDRESS	***150.00	
CITY-ST-ZIP			6.4.0HD/ 0	מול ז		
14. I hereby co	ertify that the information supplied	with this filing does not qualify for	the exemp	tion stated	in Section 119 07(3)(i) Florida Statutes + 6 or	har cartify that the information
officer or d	on this angual report or suppleme irector of the corporation or the re	intal annual report is true and accuracion of trustee entropowered to ex	rate and the recute this i	at my signa report as re	in Section 119.07(3)(i), Florida Statutes. I furt ature shall have the same legal effect as if ma equired by Chapter 607, Florida Statutes; and	de under oath; that I am an

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00



ELOPIDA DEPARTMENT DE STATE

	CORP ANNUA	PORATION AL REPORT  998		secretary of ION OF CORI	ortham Slate	)NS			
P		IENT # P9600 1. MALMAN, P.A.	0000081	(5)		_			
Pri	incipal Place	of Business	Mailing Addres	S					
		E BLVD. STE 202	12955 BISCAYN		202				
	O. MIAMI FL S		NO. MIAMI FL	รงาชา			DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified	1	
			2a. Mailing Add	1008			01/02/1996 4. FEI Number	Applied For	
-	Principal Pla	ice of Business	26				65-0629200	Not Applicable	
21	Suite, Apt. #	, etc.	Suite, Apt.	, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22			27				6. Election Campaign Financing	\$5.00 May Be	
	City & State		City & State				Trust Fund Contribution		
23	Zip	Country	Zip		Country	/	8. This corporation owes or has paid th		
24		25	29	30			Personal Property Tax due June 30.  10. Name and Address of New Regist	Yes X No	
		9. Name and Address of Curr	ent Registered Agent		81	Name	(U. Name and Address of New York		
	COF	ien, Jeffrey R			1 1		dress (P.O. Box Number is Not Acceptable)		
ļ		SUNNY ISLES BLVD.			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	NO.	MIAMI BEACH FL 33160			63				
					84	City		FL 85 Zip Code	
Ì							expending submite this statement for the DUID	- f also size its registered	
1	Pursuant to office or re agent. I ar	o the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obt	0502 and 607.1508, Flo ate of Florida. Such chi digations of, Section 60	rida Statutes, inge was auti 7.0505, Florid	tne abov norized b la Statute	y the corpores.	orporation submits this statement for the purp ration's board of directors. I hereby accept the	e appointment as registered	
s		Signature, typed or printed name of registered					o wood when rainstaling)	DATE	
<b> </b> -	2.	Signature, typed or printed name or registered.  OFFICERS A	AND DIRECTORS		13,		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12  Change Addition	
₩	ITLE	D		DELETE	1.1 TITLE			C Cliquide C Superior	
) N	IAME	MALMAN, MYLES H		ï	12 NAME	- 1			
s	TREET ADDRESS	12955 BISCAYNE BLVD.		·	ľ	ET ADDRESS			
_	ITY-ST-ZIP	NO. MIAMI BEACH FL DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			Change Addition		
1	TITLE .		_		22 NAME	: 1			
1	STREET ADDRESS				2.3 STREI	ET ADDRESS			
1	CITY-ST-ZIP			DELETE	2. 4 CITY			Change Addition	
1	TITLE		لــا	DELETE	3.1 TITLE 3.2 NAME	ì			
1	VAME					ET ADDRESS		<del>.</del>	
	STREET ADORESS				3.4. CITY			Change Addition	
-	CITY-ST-ZIP TITLE			DELETE	4.1 TITLE			Change  Addition	
1	NAME				4. 2 NAM				
1	STREET ADDRESS				1	ET ADDRESS		a	
_	CITY-ST-ZIP			DELETE	4.4 CITY 5.1 TITLE			Change Addition	
1	TITLE		<u></u>		5.2 NAM	IE	The state of the s	1/21	
1	name Street address				5.3 STRE	EET ADDRESS	70	100	
1	CITY-ST-ZIP					-ST-ZIP	<del></del>	Change Additio	
-	TITLE			DELETE	6.1 TITU		<u></u>	-019	
- 1	MANAC	I			6.2 NAM	IE	and CO DO		

14. I hereby certify that the information supplied with this liling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this angual report or application 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 entropy of the corporation or the receiver or trustee entropy of the corporation or the receiver or trustee entropy of the corporation or the receiver or trustee entropy of the corporation or the receiver or trustee entropy of the corporation or the receiver or trustee entropy of the corporation or the receiver or trustee entropy of the corporation of the corporation or the receiver or trustee entropy of the corporation of the corporati

6.3 STREET ADDRESS

NAME

STREET ADDRESS

\*\*\*150.00

305-891-000