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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600005314

Principal Place of Business

SAMUEL R. DANZIGER, P.A.

21 SE FIRST AVENUE 10TH FLOOR MIAMI FL 33131		21 SE FIRST AVENUE 10TH FLOOR MIAMI FL 33131		DO NOT WRITE IN THIS	SPACE	_		
					3. Date Incorporated or Qualifed 01/18/1996			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26	<u></u> -		65-0636038		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		. <u></u> _	5. Certificate of Status Desired		5 Additional Required	
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip 24	Country 25	Zip 3	Country 30		This corporation owes the current year In Personal Property Tax.	Yes	X ÎNo	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	_ -	
544	7050 0111151 0		81	Name				
DANZIGER, SAMUEL R 21 SE FIRST AVENUE 10TH FLOOR			82	Street	ddress (P.O. Box Number is Not Acceptable)			
MIAN	AI FL 33131		83					
			84	City	Fi	85 Z	ip Code	
office or ragent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au lations of, Section 607.0505, Flori	thorized by da Statutes	tne corp	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoint	inmem as	registered	
	Signature, typed or printed name of registered ag			nt signature r	required when reinstating) DATE	ND DIREC	TOPS IN 12	
12.		ND DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Chang		
TITLE	d Danziger, samuel r		1.7 TITLE 1.2 NAME			و، ۱۰۰۰ کی	,-	
NAME	21 SE FIRST AVENUE 10TH F	EI AAD		T ADDRESS			•	
STREET ADDRESS CITY-ST-ZIP	MIAMI FL	LOOK	1.4 CITY-S					
TITLE	INIO WIN I L	☐ DELETE	2.1 TITLE			☐ Chang	ge	
NAME			2.2 NAME				•	
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP		·	2. 4 CITY-	T-ZIP		-		
TITLE		☐ DELETE	3.1 TITLE			Chang	ge	
NAME			3.2 NAME		-			
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP		□ DOLETE	3.4. CITY-	ST-ZIP	-	Chang	ge Addition	
TITLE		☐ DELETE	4.1 TITLE			Onani	J	
NAME			4. 2 NAME	TADDDCcc				
STREET ADDRESS			4.3 STREE	TADDRESS T. ZIP				
CITY-ST-ZIP	<u></u>	☐ D£LETE	5.1 TITLE	1-21		Chang	ge Addition	
NAME			5.2 NAME		·	s'		
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-5	T-ZIP				
TITLE	<u> </u>	☐ DELETE	6.1 TITLE			☐ Chang	ge Addition	
NAME			6.2 NAME		,	•		
STREET ADDRESS			6.3 STREE	T ADDRESS	1	•		

6.4 CITY-ST-ZIP

SIGNATURE:

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 arachylent with an address, with all other like empowered.

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90205 018 ***150.00