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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9600007940**1. Corporation Name

STREET ADDRESS

CORAL REEF LAW OFFICES, P.A.

Pringipal Place	e of Business	Mailing Address				. resider the terre entitled in			
12651 SOUTH DIXIE HIGHWAY		12651 SOUTH DIXIE HIGHWAY							
#335		#335 Miami FL 33156			DO NOT WE	ITE IN THIS	SPACE		
PINECREST FL 33156 MIAMI FL 33156 US					3. Date Incorporated or Qualifed				
00						01/25/1996			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	oplied For
21		26				65-0637669 -			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_		5. Certifcate of Status Desired			Additional
22	<u> </u>	27						-,	equired
City & Stat	e	City & State				6. Election Campaign Financing	¹ □		May Be
23		28 .				Trust Fund Contribution			to Fees
Zip	Country	Zip		ountry		8. This corporation owes the cu	rrent year Int	angible Yes	№ No
24	25	29	30	<u> </u>		Personal Property Tax. 10. Name and Address of New	Registered		74
	9. Name and Address of Curre			81	Name	To. Halito Brian Page 1	9		
CLA	RK, NATHAN D						1-11-1		
	51 SOUTH DIXIE HIGHWAY	,		82	Street Add	ress (P.O. Box Number is Not Accep			, albert ver teet,
#33				83			1 12		
PINE	ECREST FL 33156					\$ 5.00	s : 1	(4.00 kg (1.2)	
				84	City		FL	85 Zip	Code
11Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	tutes, the	above	named corp	poration submits this statement for th	e purpose of	changing its	s registered
	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the obligations are supported or printed name of registered ego.	ations of, Section 607.0505, F	Florida Sta	atutes.	ne corporate	ed when reinstating) (; ; ,	DATE		
office or r agent. I a US SIGNATURE	registered agent, or both, in the state in familiar with, and accept the oblig. Signature, typed or printed name of registered agents.	ations of, Section 607.0505, F	Florida Sta	atutes.	ne corporate		DATE	ID DIRECT	ORS IN 12
office or r	registered agent, or both, in the state in familiar with, and accept the oblig. Signature, typed or printed name of registered agents.	ations of, Section 607.0505, f	Florida Sta	atutes.	ne corporate	ed when reinstating) (; ; ,	DATE		ORS IN 12
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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.

6.4 CITY-ST-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90045 002 ***150.00