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 # P96000021010

S. BUCHWALD ASSOCIATES, INC.

Principal Place of Business Mailing Address										/S 11501 11611 40191 1	1811 8811 (891	
5201 SOUTHWEST 31 ST AVENUE 5201 SOUTHWEST 31 ST AVENUE FORT LAUDERDALE FL 33312 US								DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/06/1996				
2. Principal Place of Business			2a. Mailing Address				4. FEI Number			Apr	Applied For	
21			26					65-0658058		Not	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					Certificate of Status Desired		- \$8.75 A	dditional	
22			27) 3 .	Certificate of Status Desired		Fee Rec	quired	
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip	Country Zip Co				ountry			This corporation owes the current year Intangible				
24	25 29 30							Personal Property Tax.				
1	9. Name and Add	ess of Current Regi	stered Agent				10.	Name and Address of New	Registere	d Agent		
		Maria Maria Maria		8	1	Name						
BUCHWALD, STANLEY					2	Street Addre	ess (P.	.O. Box Number is Not Accep	able)			
5201 SOUTHWEST 31ST AVENUE					The second secon							
SUITE 126					3		一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个					
FORT LAUDERDALE FL 33312					4	<u> </u>	ity 85 Zip Code"					
			•	8	4	City			F	L I SI ZIP C		
office or re	egistered agent, or bot	h. in the State of Flori	607.1508, Florida Statute da. Such change was au , Section 607.0505, Flori	thorized b	y t	-named corpo he corporatio	oration on's bo	n submits this statement for the pard of directors. I hereby acce	purpose pt the app	of changing its ointment as reg	registered jistered	
SIGNATURE	Signature, typed or printed nar	on of registered agent and title	if anniicable (NOTE: f	Registered Ac	ent	signature required	d when re	einstating)	DATE	*****		
12.	OFFICERS AND DIRI	13.	,			ADDITIONS/CHANGES TO O	FICERS	AND DIRECTOR	RS IN 12			
TITLE	. P		☐ DELETE	1.1 TITLE	:					☐ Change	☐ Addition	
NAME	BUCHWALD, STANLEY										İ	
STREET ADDRESS					1.3 STREET ADDRESS						1	
CITY-ST-ZIP	FORT LAUDERDALE EL 22242					-ZIP					-	
TITLE	ST	2 . C 000 . L	☐ DELETE	2.1 TITLE						☐ Change	Addition	
NAME	£				2.2 NAMÉ			•				
					2.3 STREET ADDRESS							
	FORT LAURERDALE EL 20040											
TITLE TO THE CITY-ST-ZIP FUNI LAUDENDALE FL 3331Z 2.40										☐ Change	Addition	
NAME	RANGE TO SEE			3.2 NAME							ļ	
	EDP CLEAR					ADDRESS				5 4 3 5 - 20		
STREET ADORESS	4 4 7			3.4. CITY				N				
TITLE	- * * · · · · · · · · · · · · · · · · ·		☐ DELETE	4.1 TITLE					· 1,	☐ Change	Addition	

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 attachpoint with an address, with all other like empowered.

4.3 STREET ADDRESS

5,3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME.

DELETE

☐ DELETE

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90047 010 ***150.00

Change

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☐ Addition