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 # P9600036993

DALE S. BERGMAN, P.A.

							-		14 JW JW 11 W 11	
Principal Place	of Business	Mailing Add	ess							
SUITE 3000, MIAMI CENTER SUITE 3000, MIAMI CENTER										
201 S. BISCAYNE BLVD. 201 S.			S. BISCAYNE BLVD.				DO NOT WRITE IN THIS SPACE			
MIAMI FL 33131 MIAMI FL 33131			। उ				3. Date Incorporated or Qualifed			
	• • • •						04/19/1996	•		•
2 Principal D	lace of Business	2a. Mailing A	Address				4. FEI Number		App	lied For
	lace of Busiliess	26	adi C33				65-0661469			Applicable
21 Suite Apt	# ata	Suite, Ar	nt # etc					S	8.75 A	
Suite, Apt. #, etc.			7t. 17, CtO.				5. Certifcate of Status Desired	Fee Required		
City & Stat	e	City & S	tate				6Election Campaign Financing	\$	5.00 N	/ay Be
23	The state of the s	28					Trust Fund Contribution		Added to	Fees
Zip	Country Zip			Country			8. This corporation owes the current year Intangible			
24	25 29 30				Personal Property Tax.			☐ Yes ☐ No		
	9. Name and Address of Currer	nt Registered Age	ent				10. Name and Address of New Registe	red Ager	nt	
				81	1	Name				
	GMAN, DALE S			82	;	Street Addres	ss (P.O. Box Number is Not Acceptable)			
SUITE 3000, MIAMI CENTER										
	S. BISCAYNE BLVD.			83	1					
MIAN	VII FL 33131			84	۲,	City		85	Zip C	ode
, , ,				•			•	FL		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508,	Florida Statutes,	the abov	/e-п	named corpor	ration submits this statement for the purpos	e of char	ging its r	egistered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such d	nange was authi	onzea ov	/ IN	e corporation	's board of directors. I hereby accept the a	ppomanie	ili as i e g	Siered
	in lamida way and accept the cong-						•)
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable.	(NOTE: Reg	gistered Age	ni si	gnature required v				
12.	OFFICERS AN	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS			
IUITE	D	Ι	☐ DELETE	1.1 TITLE		ļ		L	Change	☐ Addition
NAME	NAME BERGMAN, DALE S				1.2 NAME					
STREET ADDRESS 201 S. BISCAYNE BLVD., STE. 3000				1.3 STREET ADDRESS						i
CITY-ST-ZIP	MIAMI FL 33131			1.4 CITY-S	ST-Z	iP 91	<u> </u>			
TITLE		[DELETE	2.1 TITLE					Change	Addition
NAME				2.2 NAME						
STREET ADDRESS				2.3 STREE	T AL	ODRESS				
CITY-ST-ZIP				2. 4 CITY+5	ST-2	ZiP				
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NAME -				3.1 TITLE		1	····		Change	Addition
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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. From a attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90119 049 ***150.00