PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000038081

STEVEN SHEINFELD, P.A.

Principal Place of Business		Mailing Address]	(1991) 66: 119 (81) 6 (11) 6 (11) 6 (11)	18 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 6818 1	18181 1181 1881	
521 S ANDREWS AVE		521 S ANDREWS AVE								
Suite 11 Ft. Lauderdale fl 33301		SUITE 11				DO NOT WEITE IN THIS SPACE				
			FT. LAUDERDALE FL 33301 US			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified				
		00				1	05/01/1996			
2. Principal P	Place of Business	2a. Mailing Address					FEI Number		T Am	······································
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Suite, Apt.	# etc.	Suite, Apt. #, etc.				+-	00-0009412	¢Ω		Additional
22		27				5.	Certificate of Status Desired			Additional quired
City & Stat	te	City & State	<u> </u>			-	Election Campaign Financing			`
23		28					Trust Fund Contribution	-		May Be o Fees
Zip	Country	Zip	Coun	ntrv		+	This corporation owes the current year			0 recs
24	25	29	30	,			Personal Property Tax.	ntangibje)	□No
	9. Name and Address of Current		1901				Name and Address of New Registere		×	
		<u></u>	1	81 1	Name					
	infeld, steven		L							
521	S ANDREWS AVE] {	82 5	Street Addres	ss (P.	.O. Box Number is Not Acceptable)			
STE			1	83						
FT L	AUDERDALE FL 33301		Ľ	" L_						
			8	84 (City	***	F	85	Zip C	Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statut	ee the ahr	21/9-0	amed corner	ration	submits this statement for the purpose		-a ite	cictored
omce or r	registered agent, or both, in the State of	i Florida. Such change was a	uthorized t	by the	e corporation	's bo	and of directors, I hereby accept the app	ointment	as rec	registered
a inens	m familiar with and account the entractic									41310100
agoin. ra	in lamilar with, and accept the obligation	ons of, Section 607.0505, Flo	inda Statut	tes.	·					gistered
SIGNATURE				tes.	_					
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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 throwwered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP,

SIGNATURE AND TYPED OF PRINTED NAME OF SIGN

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90018 001 ***150.00