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

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90095 022 ***150.00

DOCUMENT # P96000043879

IVAN GOLDBERG & ASSOCIATES, INC.

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Principal Place	of Business				1 1861(181(118 18114 81141 48411 1	3111 ABILI ABILI A:	**************************************	19619 1911 1921	
C/O IVAN GOLDBERG C/O IVAN GOLDBERG									
244 ORANGE TREE DR 244 ORANGE TREE DR					1	DO NOT WRITE IN THIS SPACE			
ATLANTIS FL 33462 ATLANTIS FL 33462						3. Date Incorporated or Qualifed			
					•• = ====	12/1996			
2 Dringing D	lace of Business	2a. Mailing Address			4. FEI I			T An	plied For
<u> </u>	ace of business	⊢			1			 '	t Applicable
21	Д	Suite, Apt. #, etc.				0673409		\$8.75	
Suite, Apt.	#, etc.	27			5. Certi	fcate of Status Desired		Fee Re	1
City & State	- 1		City & State			tion Campaign Financing		\$5.00	May Be
23		28			1	t Fund Contribution		Added	
Zip	Country	Zip	Countr	ry	8. This	corporation owes the cur	rent year Inta	ngible	
24	25	29 3	0		Pers	onal Property Tax.		Yes	□No
<u></u>	9. Name and Address of Curren				10. Nam	e and Address of New	Registered A	Agent	
			8	1 Name					
GOL	DBERG, BARBARA		8	2 Stroot A	Address (P.O. B	ox Number is Not Accent	able)		
C/O IVAN GOLDBERG			"	Jueer	100.03	ress (P.O. Box Number is Not Acceptable)			
244	ORANGE TREE DR		8	3					
ATL/	antis FL 33462			A City				85 Zip	Code
ļ			8	4 City			FL	65 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the abo	ve-named o	corporation subi	mits this statement for the	purpose of	changing its	registered
Office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was aut	nonzea o	v ine corpo	ration's board o	of directors. I hereby acce	pt the appoin	itment as re	gisterea
, ,	III tarrillar with, and accept the conga	dons of, Occupit our losco, Franc	ad Oldlott						
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Ag	jent signature re	quired when reinstating		DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDI"	TIONS/CHANGES TO O	FICERS AN		
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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.

SIGNATURE



4-13-99

56(-641-3867) Daytime Phone #

CR2E034 (11/98)