

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90263 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000056311

1. Corporation Name
ALTOMAR, INC.



Principal Place of Business 4500 BISCAYNE BLVD. SUITE 333 MIAMI 33 137	Mailing Address 4500 BISCAYNE BLVD. SUITE 333 MIAMI 33 137
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1996

2. Principal Place of Business 21 9024 COLLINS AVE Suite, Apt. #, etc. 22 #21 City & State 23 SURFSIDE FL. Zip 24 33154	2a. Mailing Address 26 9024 COLLINS AVE Suite, Apt. #, etc. 27 #21 City & State 28 SURFSIDE FL. Zip 29 33154 Country 25 U.S.A. 30 U.S.A.
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4. FEI Number 65-0696691	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FELDMAN, DAVID
407 LINCOLN ROAD
SUITE 701
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 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.

SIGNATURE:

SIGNATURE OF PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER AND DIRECTOR

DAVID GOIHMAN

Date

Daytime Phone #

(305) 573-6514

CR2E034 (11/98)