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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P9600067659

1. Corporation Name

EINEMPLOYED ATTORNEYS MANAGEMENT, INC.

UNEMPL	UYEU ATTUHNETS MANA				
Principal Place	of Business	Mailing Address		THE PERSON NAMED IN COLUMN NAM	
7222 RED ROAD 7222 RED RD SOUTH MIAMI FL 33143 S MIAMI FL 33143			DO NOT WRITE IN TH	IS SPACE	
US		03		3. Date Incorporated or Qualifed	
				08/14/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0691912	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5.! Certifcate of Status Desired	\$8.75 Additional
22	• •	27	<u> </u>	5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24	25		30	Personal Property Tax.	Yes No
	9. Name and Address of Curre	ent Registered Agent	81 Name (A	10. Name and Address of New Registere	a Agent
CPO	SS, ROBERT A		R K	lobert A. Gross	
	RED RD		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
l	AMI FL 33143		83	222 Red Road	· · · · · · · · · · · · · · · · · · ·
S IVIL	AMI 1 L 33 1 + 3		63	,	
			84 City	th Miami F	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	- the share samed core	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was au	thorized by the corporati	on's board of directors, I hereby accept the app	John and Togistored
agent, Lar	m familiar with, and accept the oblig	gations of, Section 607.0505, Fion	da Statutes.	•	
agent. I as	•	gations of, Section 607.0505, Flori			
agent. I as	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE:	Registered Agent signature require		
agent. I as SIGNATURE 12.	Signature, typed or printed name of registered ag			ad when reinstating) DATE	
agent. I ar SIGNATURE 12.	Signature, typed or printed name of registered as OFFICERS A	gent and title if applicable. (NOTE:	Registered Agent signature require	ad when reinstating) DATE	AND DIRECTORS IN 12
agent. I as SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A D GROSS, ROBERT A	gent and title if applicable. (NOTE:	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ad when reinstating) DATE	AND DIRECTORS IN 12
agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A D GROSS, ROBERT A 7222 RED RD	gent and title if applicable. (NOTE:	Registered Agent signature require 13. 1.1 TITLE	ad when reinstating) DATE	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.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

Solet Thosa Robert Gross, Vice President 2/19/99 (305) 860-008
LATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylind Phone #

4ZE034 (11/30)

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90123 013 ***150.00