

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000069460 (9)

1. Corporation Name
PAUL FINKELSTEIN, INC.



Principal Place of Business

5223 NW 109TH WAY
CORAL SPRINGS FL 33076

Mailing Address

5223 NW 109TH WAY
CORAL SPRINGS FL 33076

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9915 NW 48 DRIVE Suite, Apt. #, etc. 22 CORAL SPRINGS FL. City & State 23 33076 BROWARD Zip Country 24 25	2a. Mailing Address 26 9915 NW 48 DRIVE Suite, Apt. #, etc. 27 City & State 28 CORAL SPRINGS FL Zip Country 29 33076 BROWARD 30
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3. Date Incorporated or Qualified

08/19/1996

4. FEI Number

65-0685797

Applied For

Not Applicable

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FINKELSTEIN, PAUL F
5223 NW 109TH WAY
CORAL SPRINGS FL 33076

10. Name and Address of New Registered Agent

81 Name FINKELSTEIN, PAUL F
82 Street Address (P.O. Box Number is Not Acceptable)
9915 NW 48 DRIVE
83
84 City CORAL SPRINGS FL 85 Zip Code 33076

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	
TITLE	P	1.1 TITLE	SAME
NAME	FINKELSTEIN, PAUL	1.2 NAME	SAME
STREET ADDRESS	5223 NW 109 WAY	1.3 STREET ADDRESS	9915 NW 48 DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	VP	2.1 TITLE	SAME
NAME	FINKELSTEIN, LISA	2.2 NAME	SAME
STREET ADDRESS	5223 NW 109 WAY	2.3 STREET ADDRESS	9915 NW 48 DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, or on an attachment with an address.

SIGNATURE

4/18/98 954 255 9935

CR2E034 (10/97)