Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90044 037 ***150.00

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**

DOCUMENT # P96000069460

1. Corporation Name

PAUL FINKELSTEIN INC.

PAUL FIN	NKELSTEIN, INC.										
Principal Place	e of Business	Ма	illing Address			•		I ZONALINOS DIN TOREN DEFIN NOVICE DE	liis obsti oblio i))II(0	
9915 NW 48TH DR 9915 NW 48 DR CORAL SPRINGS FL 33076 US US			;				DO NOT WRITE IN THIS SPACE				
03		- 00					1	3. Date Incorporated or Qualifed			
								08/19/1996			
2. Principal Pl	lace of Business	2a.	Mailing Address				$\neg \neg$	4. FEI Number		App	lied For
21			26					65-0685 <i>7</i> 97		Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Ac Fee Req	
City & State			City & State				-	6. Election Campaign Financing		* \$5.00 N	May Be
23		28						Trust Fund Contribution		Added to	Fees
Zip	Country		Zip Cou			Country		8. This corporation owes the curr	rent year Inta		_
24	25		30				Personal Property Tax.			□No	
	9. Name and Address of Curr	ent Regis	tered Agent			1		10. Name and Address of New	Registered	Agent	
F1) (1)	FLOTEN DAN E				81	Name			•		
FINKELSTEIN, PAUL F					82 Street Addr			s (P.O. Box Number is Not Accept	able)		
9915 NW 48 DRIVE									-		
COR	AL SPRINGS FL 33076			-	83						
					84	City	-		FL	85 Zip Ci	ode
office or to	to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the obli	te of Flond gations of,	la. Such change was a Section 607.0505, Flo	iuthorizeo irida Statu	by ites.	tne corpo	oration	s board of directors. Thereby acce	pt tile appoil	changing its r ntment as regi	egistered istered
					egistered Agent signature required			hen reinstating) ADDITIONS/CHANGES TO OF	DATE CICEDS AN	ID DIRECTOR	2S IN 12
12.	P	AND DIRE	DELETE	13.	1 =			ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition
TITLE	,			1.1 YA							
NAME	Finkelstein, Paul 9915 NW 48 Drive								* .		
STREET ADDRESS						ADDRESS					Į
CITY-ST-ZIP	CORAL SPRINGS FL 33076			1.4 CIT 2.1 TIT		1-ZIP			_	Change	Addition
TITLE	-				2.2 NAME						_
NAME	FINKELSTEIN, LISA 9915 NW 48 DRIVE					TADDRESS					
STREET ADDRESS	CORAL SPRINGS FL 33076										
CITY-ST-ZIP	CORAL SPRINGS PL 350/6	_	☐ DELETE =	2.4 CF					The Contract of the Contract o	☐ Change	Addition
				3.2 NA						·	_
NAME STREET ADDRESS						ADDRESS					
STREET ADDRESS				3.4. CF							
CITY-ST-ZIP TITLE			[] DELETE	4.1 TIT)1-ZIF			**************************************	☐ Change	Addition
NAME			<u></u>	4.2 NA						_	
						TADDRESS					1
STREET ADDRESS				4.3 STI							
CITY-ST-ZIP TITLE			DELETE	5.1 TIT		1- ZIF			_	Change	Addition
NAME .				5.2 NA]
STREET ADDRESS	,					TADDRESS					-
ĺ	,			5.4 CfT		ļ				•	\
CITY-ST-ZIP TITLE		_	DELETE	6.1 TIT						Change	☐ Addition
				62 NA	ME		1				}

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP