Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90160 014 \*\*\*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 # **P96000069636**

1. Corporation Name

SIMON E	BUNISKE & FENAUGHTY, C	PA'S, P.A.							
Principal Place	of Business	Mailing Address				T INDIANOL TIN TOLIA OLILI DELLI ABLIT PALLE	<b>Diry Diren (Dire D</b> eri	(A I)110 AIST (AAT	
1320 S DIXIE HWY 1320 S DIXIE HWY							1		
SUITE 715 SUITE 715						DO NOT WRITE IN THIS SPACE			
CORAL GABLES FL 33146 CORAL GABLES FL 33146						DO NOT WRITE IN THIS SPACE			
us us						3. Date Incorporated or Qualifed			
On Marillian Address						08/19/1996 4. FEI Number	7 1 4	pplied For	
Principal Place of Business 2a. Mailing Address								ot Applicable	
26     Suite Apt # etc.   Suite, Apt. #, etc.						65-0690900	<del></del>	Additional	
						5. Certifcate of Status Desired		equired	
22						6. Election Campaign Financing	. \$5.00	May Be	
						Trust Fund Contribution	•	to Fees	
Zip Country Zip			Country			8. This corporation owes the current year	r Intangible		
			30			Personal Property Tax.	Yes	□No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			8	1 N:	ame -				
SILVERMAN; CHERYL ESQ.			8	2 6	root Addres	dress (P.O. Box Number is Not Acceptable)			
1533 SUNSET DRIVE STE 120			°	82 Street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33143			8	3					
			ا ا	+-	·		OF Zin	Code	
			l°	84 City FL 85 Zip Cod				Code	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was au	inorized b	iv the	med corpor corporation	ration submits this statement for the purpose is board of directors. I hereby accept the ap	e of changing it opointment as r	s registered egistered	
SIGNATURE	Signature, typed or printed name of registered ager	d and title if applicable. (NOTE:	Registered Ag	ent sign	nature required v	when reinstating) DATE		<del></del>	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	:			Change	Addition	
NAME	FENAUGHTY, MARK CPA			Ē					
STREET ADDRESS	ACCAC CIAL ACCEL DI ACE			1.3 STREET ADDRESS				ļ	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-	ST-ZIP	·				
TITLE	D DELETE 2.1					:	☐ Change	Addition	
NAME	BONISKE, JOEL CPA			É				İ	
STREET ADDRESS	400E0 0W 40DD DD #400D			2.3 STREET ADDRESS				1	
CITY-ST-ZIP	THE PLANTS OF THE			-ST-ZI		·			
TITLE			3.1 TITLE	:		and the second s	Change	Addition	
NAME	"		3.2 NAME	E		•		Į.	
STREET ADDRESS			3.3 STRE	ET ADD	RESS			}	
CITY-ST-ZIP			3.4. CITY	'-ST-ZIF	·				
TITLE	· · ·	☐ DELETE	4.1 TTTLE	Ξ			Change	☐ Addition (	
NAME	•		4. 2 NAM	É					
STREET ADDRESS	•		4.3 STRE	ET ADO	RESS				
CITY-ST-ZIP			4.4 CITY-	-ST-ZIP	· <u> </u>				
TITLE		☐ DELETE	5.1 TITLE	=			☐ Change	Addition \	
NAME	. '		5.2 NAMI	E				}	
STREET ADDRESS	• .		5.3 STRE	EET ADD	RESS				
CITY-ST-ZIP	·		5.4 CITY		·				
TITLE		☐ DELETE	6.1 TITLE	<u> </u>			☐ Change	Addition	
NAME			6.2 NAMI	E				ŀ	
STREET ADDRESS	,		6.3 STRE	ET ADE	RESS			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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

