PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # P96000092101

1. Corporation Name

MICHAEL S. GOODMAN, P.A.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90005 032 ***150.00



						{	I 88 III 85 II I			IUI (IUI IUU)
Principal Place of Business Mailing Address										
10800 BISCAYNE BLVD #800-A 10800 BISCAYNE BLVD #800-										
NORTH MIAMI F	°L 33161	NORTH MIAMI FL 33161			DO NOT WRITE IN THIS SPACE					
US US						3. Date Incorporated or Qualified				
						11/08/1996				1
2. Principal Place of Business 2 2a. Mailing Address					- <u>, </u>	4. FEI Number Applied For			ied For	
			scamo Alux			65-0710986			<u> </u>	Applicable
Suite Apt	# etc.	Suite, Apt. #, etc.	7	/'\	V DIVO			\$8.7		ditional
20 0000, 401	147)	27 74()		•	·	5. Certifcate of Status Desired		•	e Req	1
City & State	, ,	City & State				6. Election Campaign Financing		\$5.	00 м	av Be
23 MA A	Lmi PL	28 MiAMI >	L			Trust Fund Contribution		Add	led to	Fees
Zip VI A	Country	zip ,	Count	try	~ ^ ^	8. This corporation owes the curre	nt year Inta	ngible		
24 331	6 25 1) SA	29 33 6 3			5/+	Personal Property Tax.		☐ Yes	Ę]No
	9. Name and Address of Current I	Registered Agent				10. Name and Address of New R	egistered A	gent		
			. [8	31	Name	-				
GOODMAN, MICHAEL S					Street Addres	ss (P.O. Box Number is Not Acceptal	ole)			
10800 BISCAYE BLVD SUITE-8895 747										
	II FL 33161		18	33						
17117\IY	11 1 6 00 10 1		8	84	City	· · · · · · · · · · · · · · · · · · ·	FL	85	Zip Co	de
44 (Document)	to the provisions of Sections 607.0502	and 607 1509 Florida Statutan	the abo		-named cores	ration submits this statement for the r		hanging	a its re	gistered
office or re	to the provisions of Sections 607,0502 a egistered agent, or both, in the State of in familiar with, and accept the obligatio	Florida Such change was auth	norized b	bv ti	he corporation	i's board of directors. I hereby accept	the appoin	tment a	s regi	stered
SIGNATURE	-1									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				istered Agent signature required		when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.			13.			ADDITIONS/CHANGES TO OFF	ICERS AND	Cha		Addition
TITLE	D COODMAN MICHAEL C	CT DEFEIG	1.1 TITL					பு		
NAME	GOODMAN, MICHAEL S	•	1.2 NAM		.					
STREET ADORESS	10800 BISCAYNE BLVD #800-A	,		•	ADDRESS					
CITY-ST-ZIP	NORTH MIAMI FL	DELETE	1.4 CITY	-	·ZIP			☐ Chai	nge	Addition
TITLE		□ DEFEIE	2.1 TITL						iige	
NAME	•		2.2 NAM							
STREET ADDRESS					ADDRESS		_ : .			_
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NAME			3.2 NAM			•				
STREET ADDRESS					ADDRESS			•		
CITY-ST-ZIP		[] nevere	3.4. CIT		r-ZIP			Cha	nga	Addition
TITLE		☐ DELETE	4.1 TITL					Cha	nge	L.J AUUMOII
NAME			4. 2 NAM							,
STREET ADDRESS					ADDRESS	•				
CITY-ST-ZIP			4.4 CITY		-ZIP			Char	nan	☐ Addition
TITLE		☐ DELETE	5.1 TITL					Cha	nge	☐ Addition
NAME			5.2 NAM		I DDDDESS					
STREET ADDRESS	•				ADDRESS					
CITY-ST-ZIP			5.4 CITY		-ZIP			EJ Ch-		□ Additi
TITLE		☐ DELETE	6.1 TITL					Cha	nge	☐ Addition
NAME			6.2 NAW			•				
STREET ADDRESS			6.3 STR	EET A	ADDRESS					

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: