

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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90223 008 \*\*\*150.00

DOCUMENT # P96000099737

1. Corporation Name

IRVING S. MARCUS, C.P.A., P.A.

Principal Place of Business

4400 N. FEDERAL HWY  
210-15  
BOCA RATON FL 33431  
US

Mailing Address

4400 N. FEDERAL HWY.  
210-15  
BOCA RATON FL 33431  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1996

4. FEI Number

65-0714052

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 980 N. FEDERAL HWY  
Suite, Apt. #, etc.

22 SUITE 206

City & State

23 BOCA RATON

Zip

24 33432 25

Country

2a. Mailing Address

26 980 N. FEDERAL HWY  
Suite, Apt. #, etc.

27 SUITE 206

City & State

28 BOCA RATON FL

Zip

29 33432 30

Country

9. Name and Address of Current Registered Agent

MARCUS, IRVING S  
4400 N. FEDERAL HWY  
SUITE 210-15  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

980 N. FEDERAL HWY

83 SUITE 206

84 City BOCA RATON

FL

85 Zip Code

33432

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

*Irving S. Marcus*

IRVING S. MARCUS, PRES

4/30/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTSD ☐ DELETE

NAME MARCUS, IRVING S

STREET ADDRESS 4400 N. FEDERAL HWY., SUITE 210-15

CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

980 N. FEDERAL HWY #206

BOCA RATON FL 33432

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

*Irving S. Marcus*  
IRVING S. MARCUS, PRES

Date

Daytime Phone #

4/30/99 (561) 361-9930

CR2E034 (11/98)

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