Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90125 043 ***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 # P9700001068

1. Corporation Name

IRA J. C	OLEMAN, P.A.				•				
Principal Place	e of Business	Mailing Add	ress			I INDESTADO TEM SOCIA COME CONTROL	1831) 8 8 18 1 1 1 1 1 1 1 1	8 85181 1811 1891	
201 SOUTH BIS SUITE 2200 MIAMI FL 33131	SCAYNE BLVD	201 SOUTH BISCAYNE BLVD SUITE 2200 MIAMI FL 33131				DO NOT WRITE IN THIS SPACE			
	e e					3. Date Incorporated or Qualifed			
	lana of Duning	2- Mailing	Addross			01/06/1997 4. FEI Number	[A	pplied For	
Z. Principai Pi	ace of Business	2a. Mailing /	Audi ess			36-4138153	├ ─- ├	ot Applicable	
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & S	itate		-	6. Election Campaign Financing	\$5.00	May Be	
23	-	28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	Co	untry		8. This corporation owes the current year	r Intangible	_	
24	25 29		30	30		Personal Property Tax.	Yes	X No	
	9. Name and Address of Curren	t Registered Ag	ent			10. Name and Address of New Registe			
001	51111 IDA 2 500			81	Name				
COLEMAN, IRA J ESQ				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
201 SOUTH BISCAYNE BLVD SUITE 2200				83	ļ				
MIAMI FL 33131				03	1				
MIAIN 12 30101				84	City		FL 85 Zip	Code	
office or B	to the provisions of Sections 607.050' agistered agent, or both, in the State in familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida. Such o lions of, Section	change was authoriz 607.0505, Florida Sta	ed by atutes	the corporatio	oration submits this statement for the purpos on's board of directors. I hereby accept the a	ppointment as re	egistered	
12.	OFFICERS AN	D DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO		
MILE	D		DELETE 1.1	TITLE			☐ Change	☐ Addition	
NAME	COLEMAN, IRA J ESQ	•	1.2	NAME			•	ļ	
STREET ADDRESS 201 SOUTH BISCAYNE BLVD, STE 2200			1.3	STREE	TADORESS			1	
CITY-ST-ZIP	MIAMI FL 33131			CITY-S	T-ZIP				
TITLE	☐ DELETE 2.1		TITLE			Change	Addition		
NAME	•			NAME				A .	
STREET ADDRESS				T ADDRESS	ي سي	:	\$		
CITY-ST-ZIP		<u> </u>		CITY-S	ST-ZIP		☐ Change	Addition	
TITLE				NAME				3	
NAME					TADORESS				
STREET ADDRESS	•			CITY-S	1				
CITY+ST-ZIP TITLE				TITLE	31-21		☐ Change	- Addition	
NAME			4.2	NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP			•	CITY-S					
TITLE		,		TITLE			☐ Change	Addition	
NAME			5.2	NAME				{	
STREET ADDRESS	, ·		5.3	STREE	TADDRESS			. [
CITY-ST-ZIP				CITY-S	ST-ZIP			. <u></u>	
TITLE			DELETE 6.1	TITLE			Change	Addition	

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, pr on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

NEGUNIO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR