PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000007772

HAGER, WEINBERG & ASSOCIATES, INC. Principal Place of Business Mailing Address 3850 NW 2ND AVE 33 BOCA RATON FL 33431 US BOCA RATON FL 33431 US						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
ļ						01/21/1997				1
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number		Aç	plied For	_
21	•	26				65-0733079			A Applicable	
Suite, Apt.	#, etc.	Suite, Apl. #, etc.				5. Certificate of Status Desired	-	\$8.75 / Fee Re		
City & Stat	e	City & State	-			6. Election Campaign Financing		\$5.00	May Be	1
23		28				Trust Fund Contribution		Added	o Fees	1
Zip	Country	Zip	Coı	intry		_8This corporation owes the current				a
24	25	29	30	30		Personal Property Tax.			□No	1
	9. Name and Address of Current	Registered Agent		ļ., <u>.</u>		10. Name and Address of New Reg	istered A	gent		4
				81 Nam	e					
	en, arthur j 5 n university dr			62 Stree	el Addre	ss (P.O. Box Number is Not Acceptable)			1
MERRILL LYNCH TOWERS #110				63						
	AL SPRGS FL 33063					·				1
00	7.E 51 1105 1 E 00000			84 City			FI	B5 Zip	Code	
		and COZ 1509, Closeda Statut	ne the s	howe-norms	d como	ration submits this statement for the pur	mose of c	hanging its	registered	1
office or re agent. I ar	egistered agent, or both, in the State of mailiar with, and accept the obligation	Florida. Such change was a ens of, Section 607.0505, Flo	uthorized rida Stat	by the coutes.	poration	ration submits this statement for the pur n's board of directors. I hereby accept the	he appoint	ment as re	gistered	
SIGNATURE										
		4,070		A	المعشرة محدر	when repetation!	DATE			1 🙃
	Signature, typed or printed name of registered agent a	10 1440 11 1440 11 14 14 14 14 14 14 14 14 14 14 14 14		Agent signetus	e required		DATE ERS AND	DIRECTO	RS IN 12	86
12.	OFFICERS AND	DIRECTORS	13.		e required	when revestating) ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	(11/98)
12.	OFFICERS AND	10 1440 11 1440 11 14 14 14 14 14 14 14 14 14 14 14 14	13. 1.1 TI	TLE	e required		ERS AND		RS IN 12	34 (11/98)
12. TITLE NAME	D HAGER, JAMES L P.S.M.	DIRECTORS	13. 1.1 TI 1.2 N	TLE NAME			ERS AND		RS IN 12	E034 (11/98)
12. TITLE NAME STREET ADDRESS	D HAGER, JAMES L P.S.M. 3850 NW 2ND AVE #3	DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	TLE AME IREET ADORES			ERS AND		RS IN 12	R2E034 (11/98)
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SIGNATURE/

14. I hereby certify that the information supplied with this filing dot indicated on this annual report or supplemental annual report officer or director of the corporation or the receiver or trustee a Block 12 or Block 13 if changed, or off an attachment with an

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an appeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90118 017 ***150.00