FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P97000019839

1. Corporation Name

MARTIN GOTTLIEB & ASSOCIATES, INC.

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90032 004 ***150.00



Principal Place of Business Mailing Address	
4940 EMERSON STREET 4940 EMERSON STREET	
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualifed
	02/26/1997
Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
21 4/3/ SUNBEAM R. 26 4/3 (SUNDEAM F.).	59-3432260 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	\$8.75 Additional
22 Suite 100 27 Smite 100	5. Certificate of Status Desired Fee Required
City & State City & State	6. Election Campaign Financing \$5.00 May Be
23 JAdsonville Froeida 200 128 Jacusonville Gorida	Trust Fund Contribution Added to Fees
Zip Country Zip Country	This corporation owes the current year Intangible
24 32257 25 USA 29 32257 30 USA	Personal Property Tax. X Yes No
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Name	
ROTHSTEIN, SIMON D	Iress (P.O. Box Number is Not Acceptable)
4417 BEACH BOULEVARD, SUITE 104	
JACKSONVILLE FL 32207	
84 City	85 Zip Code
	FL 10 24 5000
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida, Such change was authorized by the corporation.	poration submits this statement for the purpose of changing its registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ion's addition and control in the co
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require	ed when reinstating) DATE
	A SECOND AND PROPERTY AND PROPE
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PSTD DELETE 1.1 TITLE	I Change
TITLE PSTD DELETE 1.1 TITLE	I Change
TITLE PSTD DELETE 1.1 TITLE	I Change
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TITLE PSTD GOTTLIEB, MARTIN STREET ADDRESS 4940 EMERSON STREET CITY-ST-ZIP JACKSONVILLE FL 32207 JMS MARTIN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDR	Change Addition
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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 of trustee enhowered 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 or an attachment with an address, with all other like empowered.

SIGNATURE: