

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90038 011 ***150.00

DOCUMENT # P97000028268

1. Corporation Name

STUART R. MANOFF, P.A.

Principal Place of Business

515 N. FLAGLER RIVE
STE 300 PAVILION
WEST PALM BCH FL 33401
US

Mailing Address

515 N FLAGLER DRIVE
STE 300 PAVILION
WEST PALM BCH FL 33401
US

2. Principal Place of Business

21 515 N. Flagler Dr.

Suite, Apt. #, etc.

22 # 2125

City & State

23 West Palm Beach

Zip

24 33401

Country

2a. Mailing Address

26 515 N. Flagler Dr.

Suite, Apt. #, etc.

27 # 2125

City & State

28 West Palm Beach

Zip

29 33401

Country

30

9. Name and Address of Current Registered Agent

MANOFF, STUART R
515 N FLAGLER DRIVE
STE 300 PAV
WEST PALM BCH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1997

4. FEI Number

65-0746928

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

10. Name and Address of New Registered Agent

81. Name

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

83. Suite 2125

84. City West Palm Beach

FL

85. Zip Code 33401

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

STUART R. MANOFF, P.A.

11/18/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MANOFF, STUART R
STREET ADDRESS 515 N FLAGLER DRIVE STE 300 PAV
CITY-ST-ZIP WEST PALM BCH FL 33401

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

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 515 N. Flagler Dr. Ste 2125

1.4 CITY-ST-ZIP West Palm Beach FL 33401

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/99 (561) 655-3923

CR2E034 (11/98)

US21444