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Feb 23, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000037325

1. Corporation Name
ABRAMSON LAW OFFICE, P.A.



Principal Place of Business
1150 NE 125TH ST
N MIAMI FL 33161

Mailing Address
1150 NE 125TH ST
N MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1997

4. FEI Number

65-0750157

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

2a. Mailing Address

21 **11098 BISCAYNE BLVD**

26 **11098 BISCAYNE BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **405**

27 **405**

23 **N. MIAMI FL**

28 **N. MIAMI FL**

24 **33161** 25 Country

29 **33161** 30 Country

9. Name and Address of Current Registered Agent

DRAGINDA, ANN M
241-189TH ST
N MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name **MARK ABRAMSON**
82 Street Address (P.O. Box Number is Not Acceptable)
11098 BISCAYNE BLVD
83 **STE # 405**
84 City **N. MIAMI** 85 Zip Code **33161**

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 change and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JANUARY 16, 1999

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ABRAMSON, MARK J**
STREET ADDRESS **1150 NE 125TH ST**
CITY-ST-ZIP **N MIAMI FL 33161**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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 **P/D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **11098 BISCAYNE BLVD #405**
1.4 CITY-ST-ZIP **N. MIAMI FL 33161**

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 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

JANUARY 11, 1999

Date

305 892-1150

Daytime Phone #

CR2E034 (11/98)