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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000050115

1. Corporation Name
CRAIG B. COTLER, P.A.



Principal Place of Business Mailing Address
8211 WEST BROWARD BLVD. STE. 460 8211 WEST BROWARD BLVD. STE. 460
PLANTATION FL 33324 PLANTATION FL 33324
8751 W. BROWARD BLVD. #305 8751 W. BROWARD BLVD. #305
PLANTATION, FL 33324 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8751 W. BROWARD BLVD. Suite, Apt. #, etc. 22 SUITE #305 City & State 23 PLANTATION, FL Zip 24 33324	2a. Mailing Address 26 8751 W. BROWARD BLVD. Suite, Apt. #, etc. 27 SUITE #305 City & State 28 PLANTATION, FL Zip 29 33324	3. Date Incorporated or Qualified 06/05/1997 4. FEI Number 65-0766114 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

COTLER, CRAIG B
8211 WEST BROWARD BLVD. STE. 460
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name COTLER, CRAIG B.
82 Street Address (P.O. Box Number is Not Acceptable) 8751 W. BROWARD BLVD.
83 SUITE #305
84 City PLANTATION
85 Zip Code FL 33324

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 Craig B. Cotler **CRAIG B. COTLER** 1/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTLER, CRAIG B 8211 WEST BROWARD BLVD. STE. 460 PLANTATION FL 33324 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D COTLER, CRAIG B 8751 WEST BROWARD BLVD. STE. 305 PLANTATION FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Craig B. Cotler **CRAIG B. COTLER** 1/15/99 954-475-8822
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)