## 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

## DOCUMENT # P97000056251

1. Corporation Name

## Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90020 045 \*\*\*150.00

NEMO SOBE, INC.					
				_{	
Principal Place		Mailing Address			
307 S. 21ST AVE. 307 S. 21ST AVE.					
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020				DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualifed	
	*			06/26/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	• •	26		65-0765831	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	, , <del>Ti</del> i. (14.4)	5. Certifcate of Status Desired	\$8.75 Additional
22	,	27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	
24	25	29 30	0	Personal Property Tax.	Yes No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered	1 Agent
KODN CADY A				ARVEY BIRDMAN	ł
KORN, GARY A				ess (P.O. Box Number is Not Acceptable)	
20803 BISCAYNE BLVD., STE. 200			307	SOUTH 215T AVE	NUE
AVENTURA FL 32301			83		
			84 City / /		85 Zip Code
	•		HOL	LYWOOD FI	L  33020
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				3[1]	6149
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	egistered Agent signature required		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	VD	☐ DELETE	1.1 TITLE		Change D Addition
NAME )	BIRDMAN, HARVEY		1.2 NAME		1
STREET ADDRESS	307 S. 21ST AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP		C Change C Addition
TITLE (	PD	☐ DELETE	2.1 TITLE		Change Addition
NAME	HIRSCH, HERBERT		2.2 NAME		
STREET ADDRESS	307 SOUTH 21 AVE		2.3 STREET ADDRESS		j
CITY-ST-ZIP	HOLLYWOOD FL 33020	<u> </u>	2. 4 CITY-ST-ZIP	<u> </u>	
TITLE	VD	☐ DELETE	3.1 TITLE		Change Addition
NAME	GRABARNICK, GENE		3.2 NAME		
STREET ADDRESS	307 SOUTH 21 AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		3.4. CITY+ST-ZIP		
TITLE	VSD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MOLKO, RONALD		4. 2 NAME		
STREET ADDRESS	307 SOUTH 21 AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		4.4 CITY-ST-ZIP		·
TITLE	VTD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BIRDMAN, DIANE		5.2 NAME	•	}
STREET ADORESS	307 SOUTH 21 AVE	•	5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BIRDMAN, LOUIS		6.2 NAME		1
STREET ADDRESS	A		6.3 STREET ADDRESS		

HOLLYWOOD FL 33020 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 of 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 control on 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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE