

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

0206658

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 AUG 17 AM 8:46

DOCUMENT # P97000070759
 1. Corporation Name
ELLEN FREEDMAN P.A.



408002961644
 10-12-98 01004 015 \$150.00
 DO NOT WRITE IN THIS SPACE

Principal Place of Business
 3180 WEST BAY ROAD
 MIAMI BEACH FL 33140
 US

Mailing Address
 3180 WEST BAY ROAD
 MIAMI BEACH FL 33140
 US

2. Principal Place of Business
 21 3180 North Bay Rd.
 Suite, Apt. #, etc.
 22 Miami Beach, FL
 City & State
 23
 Zip Country
 24 25

2a. Mailing Address
 26 3180 North Bay Rd. FL
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29 30

Spelling correct

3. Date Incorporated or Qualified
 08/14/1997

4. FEI Number
 59-3495938 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

9. Name and Address of Current Registered Agent
KAHN, DONALD J
317 71ST ST.
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <i>With</i>	<input type="checkbox"/> DELETE
NAME	FREEDMAN, ELLEN	
STREET ADDRESS	3180 WEST BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	PVST <i>With</i>	<input type="checkbox"/> DELETE
NAME	FREEDMAN, ELLEN	
STREET ADDRESS	3180 WEST BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

Overpayment from last year (1998) applied to 1999 Filing. 8/17

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: *E. Freedman* 8/19/99 305-531-4141
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (11/98)