## 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 #** P97000077830

A. MYRA RUBENSTEIN, P.A.

Principal Place of Business

Mailing Address

# **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90035 044 \*\*\*150.00

3000 SOUTH OCEAN BLVD #102 BOCA RATON FL 33432		3000 SOUTH OCEAN BLVD #102 BOCA RATON FL 33432		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 09/09/1997			
Principal Place of Business 2a. Mailing Address			<u> </u>		4. FEI Number	- A	plied For	
			•		65-0779532	<u> </u>	ot Applicable	/ j
		Suite, Apt. #, etc.	e. Apt. #. etc.				Additional	<u></u>
22		27			5. Certificate of Status Desired	•	equired	
City & State			City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28	<b>,</b> ,		Trust Fund Contribution		to Fees	
Zip Country		Zip	Zip Country		8. This corporation owes the current year	r Intangible	,	
		30	1		Yes	No		
24	9. Name and Address of Curre	<u> </u>			10. Name and Address of New Registe	red Agent		
-			8	l Name		•		
SER	ile, steven esq		8:	Stroot Add	ress (P.O. Box Number is Not Acceptable)			
210	1 CORPORATE BLVD NW SUITE	325	°	Street Add	ess (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33431			8:	3	TO SECULIAR LABORATION	5 1 11 1		
					<b>以下的原则的。</b> 如何是限期间		6 (14) <b>(3)</b> (4)	
			84	City		EL 85 Zip	Code	
44 Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida Statute	es, the abo	/e-named con	poration submits this statement for the purpos	e of changing its	registered	
-45.00:04.	registered agent, or both, in the State am familiar with, and accept the obligi	of Florida Such change was a	utnonzea n	Jine comorai	ion's board of directors. I hereby accept the a	ppointment as re	egistered	
1		ations of, Section 607.0303, Flor	nua Statute	٥.				
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered Ag	ent signature requir	red when reinstating) • *** DATI	<u>-</u>	·	€
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12	<u>,</u> 8
TITLE	D	☐ DELETE	1.1 TITLE		20 3000000	☐ Change	☐ Addition	CR2E034 (11/98)
NAME	RUBENSTEIN, MYRA		1,2 NAME					8
STREET ADDRESS 3000 SOUTH OCEAN BLVD #102			1.3 STRE	ET ADDRESS				Ö
CITY-ST-ZIP BOCA RATON FL 33432			1.4 CITY-	ST-ZIP				2
TITLE	000// 10// 0// 12/00//02	☐ DELETÉ	2.1 TITLE			☐ Change	☐ Addition	S
NAME			2.2 NAME				. ,	
STREET ADDRESS			2.3 STRE	ET ADDRESS	*	<u> </u>		
CITY-ST-ZIP	1	41	2.4 CITY	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	Addition	
NAME	la de la companya de		3.2 NAME		•			
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CITY-ST-ZIP	1		3.4. CITY		1、1000年1月1日 1日 1	计特性算		
TITLE		☐ DELETE	4.1 TITLE		12 st 18 m. 4 6 18 1	Change	☐ Addition	
NAME				1				
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				- I	. •	•		
			4.3 STRE	ET ADDRESS	•	•		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			ET ADDRESS ST-ZIP		☐ Change	Addition	
TITLE			4.3 STRE 4.4 CITY-	ET ADDRESS ST-ZIP		☐ Change	Addition	
		. □ DELETE	4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP		☐ Change	. 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Change

☐ Addition