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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000091687**1. Corporation Name

DAVID MENDELOW, INC.

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90010 039 ***150.00

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9, Name and Address of Current Registered Agent FORBES, PHILIP H ESQ BUTZEL LONG, P.C. 11382 PROSPERITY FARMS ROAD SUITE 227 PALM BEACH GARDENS FL 33410 10, Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 83 City PL 85 Zip Code 64 City PL 85 Zip Code 64 City PL 85 Zip Code 65 City PL 85 Zip Code 66 City PL 85 Zip Code 67 City PL 85 Zip Code 67 City PL 85 Zip Code 67 City PL 85 Zip Code 68 City PL 86 Zip Code 68 City PL 87 Zip Code 68 City PL 87 Zip Code 68 City PL 87 Zip Code 68 Zip Code 69 Zip Code 60 Zip	Zip	· ·	`			, ·		[Z]
FORBES, PHILIP H ESQ BUTZEL LONG, P.C. 11382 PROSPERITY FARMS ROAD SUITE 227 PALM BEACH GARDENS FL 33410 1. Pursuant to the provisions of Sections 607, 5002 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, 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 applications of Sections 607, 5002, Florida Statutes. SIGNATURE 12	24			30				EJN0
FORBES, PHILIP H ESO BUTZEL LONG, P.C. 11382 PROSPERITY FARMS ROAD SUITE 227 PALM BEACH GARDENS FL 33410 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 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, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE 12. OF FloERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY ST.2P MENDELOW, DAVID 231 EAGLETON ESTATES BLVD 72. AUMBE ACCH GARDENS FL 33418 14. CITY ST.2P 15. OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. Change Addition 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. MENDELOW, BLAINE 231 EAGLETON ESTATES BLVD 231 EAGLETON ESTATES BLVD 231 EAGLETON ESTATES BLVD 232 EAGLETON ESTATES BLVD 232 EAGLETON ESTATES BLVD 232 EAGLETON ESTATES BLVD 232 SIREET ADDRESS CITY-ST.2P 17. TITLE 18. DELETE 19. TITLE 19. Change Addition 19. Addition 19. Addition 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 22. TITLE 23. EAGLETON ESTATES BLVD 23. TITLE 24. CITY ST.2P 24. CITY ST.2P 25. TITLE 26. Change Addition 25. TITLE 26. Change Addition 26. Change Addition 26. Change Addition 27. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 28. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 29. TITLE 20. Change Addition 20. Change Addition 20. Chang		9. Name and Address of Curren	nt Registered Agent	04	Nama	10. Name and Address of New Registered	y Agent	
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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 supplied ental 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Mendelow 2/11/99 561-691 9978