## 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 # **P98000001426**1. Corporation Name

MARK S. STEINBERG, P.A.

Princip	al Pla	ce of I	Busir	ess
9719 S	NIXIE	HWY	STF	17

## **FILED** Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90004 018 \*\*\*150.00



Principal Place	of Business	Mailing Address			1 (881) 18 (818) 18 (818)		
9719 S DIXIE H		9719 S DIXIE HWY. STE 17					
		PINECREST FL 33156-2806			DO NOT-WRITE IN THIS S	PACE	
					3. Date Incorporated or Qualifed		
					12/31/1997		-
**		l On Barillon Address			4. FEI Number	Appli	ed For
2. Principal Pla	ace of Business	2a. Mailing Address			65-0811724	<u> </u>	pplicable
21		Suite, Apt. #, etc.				\$8.75 Add	
Suite, Apt. i	#, etc.	<b>├</b> ─¬			5. Certifcate of Status Desired	Fee Requ	
22		27 City & State	-	<del></del>	6. Election Campaign Financing	\$5.00 M	av Be
City & State	3	· ·			Trust Fund Contribution	Added to f	
23	Country	Zip	Countr	v	8. This corporation owes the current year Intar	naible	
Zip 24 33156-	<del></del>		10	,		∐ Yes [	]No
24 33156-	-2834   25   9. Name and Address of Curren		[		10. Name and Address of New Registered A	gent	
	9. Name and Address of Correct	t Magistered Agent	8	1 Name			
STFI	NBERG, MARK S			<u> </u>	(D. C. D. M. when in Man Annual Chin)		
	S DIXIE HWY, STE 17	<u>.</u>	8:	2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	CREST FL 33156-2806		8	3			-
1 11 11	011201 12 00 100 2000		" ا	1			
			8	4 City	FL	85 Zip Co	de 6-2834
	· · · · · · · · · · · · · · · · · · ·	2 Con 1500 Florida Chabatan	- the obo	l nomed or		hanaina ito co	gictored
11. Pursuant	to the provisions of/Sections 607.050; egistered agent, of/both, in the State:	2 and 607.1508, Florida Statutes of Florida: Such change was aut	thorized b	y the corpora	orporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoint	lment as regis	stered
agent. I a	m (amiliar with, and acceptate obliga	tions of, Section 607.0505, Florid	da Statute	<b>1</b> \$.			
SIGNATURE	Masc 1. Fortlesse	/ ·	<u>Mark</u>	S. Ste	inberg March 2  Jired when reinstating) DATE	27 <b>,</b> 1999	<del></del>
	Signature, types or printed name of registered ager	nt and title if applicable. (NOTE: F	13.	ent signature requ	ADDITIONS/CHANGES TO OFFICERS AND		
12.	D OFFICERS AN	DELETE	1.1 TITLE			Change	Addition
TITLE	STEINBERG, MARK S		1.2 NAME		_		
NAME				ET ADDRESS			Ì
STREET ADDRESS	9719 S DIXIE HWY, STE 17		1		33.	156-283	<i>,</i>
CITY-ST-ZIP	PINECREST FL 33156-2806	DELETE	1.4 CITY- 2.1 TITLE			Change	Addition
TITLE	DP AMPLE	C OCCU	2.2 NAM			AA	
NAME	STEINBERG, MARK S		1	1			
STREET ADDRESS	9719 S DIXIE HWY STE 17			ET ADDRESS	33	156-283	4.
CITY+ST-ZIP	PINECREST FL 33156-2806	☐ DELETE	2. 4 CITY 3.1 TITLE			Change	Addition
TITLE						_ v	
NAME	· .		3.2 NAM	i			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		□ prietr	-	-ST-ZIP		Change	Addition
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NAME	1		4. 2 NAN				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY			Change	Addition
TITLE	,	☐ DELETE	5.1 TITL			_10,10,190	_ :
NAME	·		5.2 NAM		•		
STREET ADDRESS	·			EET ADDRESS			
CITY-ST-ZIP				-ST-ZIP		Change	Addition
TITLE	· ·	☐ DELETE	6.1 TITL	1	·	L. Change	
NAME			6.2 NAV				
STREET ADDRESS	<b>;</b>			EET ADDRESS			
ł	Ĭ		64 CITY	ST-7tP			

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 out he 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 chapter, or or an assectment with an address, with all other like empowered.

SIGNATURE	S	IGI	TAN	UR	RΕ
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Mark S. Steinberg, Pres.

March 27, 1999

305-669-8200