

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 # P98000021402**

1. Corporation Name

**BRIAN L. TANNEBAUM, P.A.**

Principal Place of Business

**200 SOUTH BISCAYNE BOULEVARD  
SUITE 3420  
MIAMI FL 33131**

Mailing Address

**200 SOUTH BISCAYNE BOULEVARD  
SUITE 3420  
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/05/1998**

4. FEI Number

**65-0816664**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$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

**TANNENBAUM, BRIAN L  
200 SOUTH BISCAYNE BOULEVARD  
SUITE 3420  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

**TANNEBAUM, BRIAN L**

82 Street Address (P.O. Box Number is Not Acceptable)

**SAME**

83

**SAME**

84 City

**SAME**

**FL**

85 Zip Code

**SAME**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I  
office or registered agent, or both, in the State of Florida. Such change was auth  
agent. I am familiar with and accept the obligations of, Section 607.0505, Florida

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Re)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
TANNENBAUM, BRIAN L  
200 SOUTH BISCAYNE BLVD., SUITE 3420  
MIAMI FL 33131**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-19-99**

**305-358-9000**

CR2E034 (1/98)