

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 # P98000029046

1. Corporation Name

MARVIN B. NODEL, P.A.

Principal Place of Business

**2929 E COMMERCIAL BLVD STE 702
FT LAUDERDALE FL 33308**

Mailing Address

**2929 E COMMERCIAL BLVD STE 702
FT LAUDERDALE FL 33308**

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90274 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1998

4. FEI Number

65-0820811

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

2. Principal Place of Business

21 3121 OLD ORCHARD ROAD

Suite, Apt. #, etc.

22

City & State

23 FT. LAUDERDALE, FL.

Zip

24 33328

25

Country

2a. Mailing Address

26 3121 OLD ORCHARD ROAD

Suite, Apt. #, etc.

27

City & State

28 FT. LAUDERDALE, FL.

Zip

29 33328

30

Country

9. Name and Address of Current Registered Agent

**MARVIN B NODEL PA
2929 E COMMERCIAL BLVD STE 702
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name

MARVIN B. NODEL

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

3121 OLD ORCHARD ROAD

83

84 City

FT. LAUDERDALE

85

Zip Code
FL 33328

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.

MARVIN B. NODEL

(NOTE: Registered Agent signature required when reinstating)

4-15-99

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME NODEL, MARVIN B
STREET ADDRESS 3121 OLD ORCHARD ROAD
CITY-ST-ZIP DAVIE FL 33328**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

**NAME
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CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
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CITY-ST-ZIP**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

MARVIN B. NODEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99
Date

[954] 236-6300
Daytime Phone #

CR2E034 (1/1/98)