

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90053 005 ***150.00

DOCUMENT # P98000036391

1. Corporation Name

ROBERT J. NEMROW, P.A.

Principal Place of Business

2000 S. DIXIE HIGHWAY
SUITE 200
MIAMI FL 33131

Mailing Address

2000 S. DIXIE HIGHWAY
SUITE 200
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1998

4. FEI Number

65-0829628

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 6320 Huron Terr

2a. Mailing Address

26 6320 Huron Terr.

Suite, Apt. #, etc.

22 Davie, FL 3

Suite, Apt. #, etc.

27 Davie, FL

City & State

23 33331

City & State

28 33331

Zip

Country

24 25 USA

Zip

Country

29 30 USA

9. Name and Address of Current Registered Agent

NEMROW, ROBERT J
2000 S. DIXIE HIGHWAY
SUITE 200
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Robert J. Nemrow

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

83 6320 Huron Terrace

84 City Davie

FL

85 Zip Code 33331

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.

(NOTE: Registered Agent signature required when reinstating)

4/9/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME NEMROW, ROBERT J

STREET ADDRESS 2000 S. DIXIE HIGHWAY SUITE 200

CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 D, P, S, T ☒ Change ☐ Addition

1.2 NAME Robert J. Nemrow

1.3 STREET ADDRESS 6320 Huron Terrace

1.4 CITY-ST-ZIP Davie, FL 33331

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Nemrow President 4/9/99 305 441-9000 2227

Date

Daytime Phone

CR2E034 (1/98)

0194011