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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000047652

1. Corporation Name

LAW OFFICES OF SAUL SMOLAR, P.A.

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

04-30-1999 90195 047 \*\*\*150.00



Principal Place	e or pusiness	Maining Address							
	OLAS BLVD SUITE 1750	1402 EAST LAS OLAS BLVD	SUITE 1750						
FORT LAUDERD	DALE FL 33301	FORT LAUDERDALE FL 33301			1	DO NOT WRIT	E IN THIS SPA	ACF	
					3 Date Incor	porated or Qualifed			
					05/27/1	•			
A Data da al Di	land of Overinger	2a. Mailing Address			4. FEI Numb	<u>930                                    </u>		TAn	olied For
_	lace of Business	$\vdash$ $\bigcirc$		4	4. 121,141,19	- 0838139		<u> </u>	Applicable
21 90	1) S FEDERAL HAHWY	20 101 - 14001	H IIMI	<del>tod</del>	16.3	0 34 . 7 1	•	8.75 A	
Suite, Apt.	_	Suite, Apt. #, etc.		•	5. Certifcate	of Status Desired		Fee Re	I .
22 SUITE 102		27 30176 102 City & State				· · · · · · · · · · · · · · · · · · ·		<u>`</u> ——	
City & State					ampaign Financing d Contribution		\$5.00 Added to		
23 /T LA	ODEFUNCE FL	Zip Zip	Country	4					) L 602
Zip	Country	220.4	¬ -··· /		1	pration owes the curre Property Tax.			□No I
24 33	316 25	29	<u> </u>			d Address of New R			
	9. Name and Address of Current	Registered Agent	81	Name		Address of from the	ogisteres rige		
OM2	NAR SAUL		[7]		JAUC	SMOLAR			
SMOLAR, SAUL 1402 EAST LAS OLAS BLVD SUITE 1750			82	Street Add	dress (P.O. Box Nu	imber is Not Accepta	ble)	<b>.</b>	
	T LAUDERDALE FL 33301		83	<u></u> _	1 2. L	ederal t	116-1400 F	<del>~Y</del>	
FUR	I EAUDENDALE LE 33301		83	$S^{n}$	TE 102			1	1
			84	City	, , ,		8	5 Zip C	
				1	LAUGER	DALL	FL_		916
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes,	the above-	named cor	rporation submits the	nis statement for the	purpose of char t the appointme	nging its ent as rec	registered sistered
OTTICE OF U		i Florida. Such Change was aun	o Ctatutos	ne corporat	don's board or dire	ctors. Thoroby docop	a and appointment		,
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes.						
	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statules.				4/21/1	77	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re		signature requir	ired when reinstating)		4/21/9	79	
	m familiar with, and accept the obligation  Signature, typed or printed name of registered agent at  OFFICERS AND	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re	gistered Agent :		ADDITIONS	S/CHANGES TO OFF			
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SIGNATURE	of familiar with, and accept the obligation of the state	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re DIRECTORS	gistered Agent :	8	ADDITIONS Pres 10 ev = Pres 10 ev =	LAR	<b>\</b>		
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent to OFFICERS AND SMOLAR, SAUL 1402 EAST LAS OLAS BLVD SU	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDRESS 90	ADDITIONS Pres 10 ev = Pres 10 ev =	CAR DEVAN HIGH	wwy 33316		
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14. 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: