

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 30, 1999 8:00 am
Secretary of State

04-30-1999 90195 047 ***150.00

DOCUMENT # P98000047652

1. Corporation Name

LAW OFFICES OF SAUL SMOLAR, P.A.

Principal Place of Business

1402 EAST LAS OLAS BLVD SUITE 1750
FORT LAUDERDALE FL 33301

Mailing Address

1402 EAST LAS OLAS BLVD SUITE 1750
FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1998

4. FEI Number

65-0838139

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

21 901 S Federal Highway

Suite, Apt. #, etc.

22 Suite 102

City & State

23 Ft Lauderdale, FL

Zip

24 33316

Country

2a. Mailing Address

26 901 S Federal Highway

Suite, Apt. #, etc.

27 Suite 102

City & State

28 Ft Lauderdale, FL

Zip

29 33316

Country

30

9. Name and Address of Current Registered Agent

SMOLAR, SAUL
1402 EAST LAS OLAS BLVD SUITE 1750
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

SAUL SMOLAR

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

901 S. Federal Highway

83

Suite 102

84 City

Ft Lauderdale

FL

85 Zip Code

33316

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

Saul Smolar

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SMOLAR, SAUL
STREET ADDRESS 1402 EAST LAS OLAS BLVD SUITE 1750
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

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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

PRESIDENT

☒ Change ☐ Addition

1.2 NAME

SAUL SMOLAR

1.3 STREET ADDRESS

901 S. Federal Highway

1.4 CITY-ST-ZIP

Ft Lauderdale FL 33316

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:

Saul Smolar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

954 522-8850

Daytime Phone #

0279783

CR2E034 (1/98)