PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90137 033 ***150.00

DOCUMENT # **P98000048770**

1. Corporation Name PREMATE ATTORNET GENERAL, INC. (NE NOR

Private AG, Inc.

		ha-iling Addeson			- I DEBLIEBS (IN CASAS SWITT ABEST GALES				
Principal Place	e of Analuess	Mailing Address			}				
1290 WESTON	1290 WESTON ROAD SUITE	300							
WESTON FL 33	1326	WESTON FL 33326			DO NOT WRITE IN THIS SPACE				
					3. Date incorporated or Qualified		- AGE		1
	,				06/01/1998				ĺ
							7 1 7 7	4	
	lace of Business	2a. Malling Address			4. FEI Number	701	/ L-i	pplied For	Ì
21	. 👊 3	26			165-0093	<u> 10°</u>		ot Applicable	Į.
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	П	+-	Additional	
22		27			5. Certificate of Charles Session	<u> </u>	Fee R	equired	
City & State	<u> </u>	City & State			6. Election Campaign Financing	_	\$5.00	May Be	
23	<u> </u>	28	 .		Trust Fund Contribution		Added	to Fees	
ZIp	Country	Zip	Count		B. This corporation owes the curren	nt vear Inta	naible		1
	, , , , , , , , , , , , , , , , , , ,		_	•	Personal Property Tax.		Yes	□No	
24	25		<u> </u>		10. Name and Address of New Re	gistered A			1
}	9. Name and Address of Current	Kedistelen Wählic		1 Name	(O. Teamly Gifts / Gaziness of First Fire	B 10.0.00			1
LEGI	AL INFORMATION SERVICES, INC		"	IValile					
		·	8	2 Street Add	dress (P.O. Box Number is Not Acceptab	He)			}
,	WESTON ROAD SUITE 300		[I	<u> </u>				l
) Wes	STON FL 33326		8	13					l
			⊢				11	Code	ł
			8	4 City		FI	85 Zip	Code	
		J 467 4FOR Fledde State		ue pemed se	mountion exhaults this statement for the n	umote ci	channing it	a recisiered	1
11. Pursuant	to the provisions of Sections 507.0502 registered agent, or both, in the State of	and 607,1508, Florida Sistines I Florida, Such change was aut	horized b	y the corporal	poration submits this statement for the ption's board of directors. I hereby accept	the appoin	itment as r	egistered	ĺ
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statute	98.		_			
									ı
L						• •			
SIGNATURE	Signature, typed or printed name of registered agent	and tide if applicable. (NOTE: R			red when reinstating)	DATE			g g
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and one if applicable. (NOTE: R	egistered Ag	pent elgmeture réqui		DATE	D DIRECT	ORS IN 12	1/98)
SIGNATURE	Signature, typed or printed name of registered agent	and tide if applicable. (NOTE: R	egistered Ag	pent elgmeture réqui	red when reinstating)	DATE		ORS IN 12	(11/98)
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	and one if applicable. (NOTE: R	egistered Ag	pent algorature rectum	red when reinstating)	DATE	D DIRECT	ORS IN 12	34 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND	and side if applicable. (NOTE: R) DIRECTORS DELETE	13. 1.1 TITLE	pent algorature rectum	red when reinstating)	DATE	D DIRECT	ORS IN 12	F034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND OPPENHEIM, ROY D 1290 WESTON ROAD SUITE 30	and site if applicable. (NOTE: R) DIRECTORS DELETE	13. 1.1 TITLE 1.2 HAM 1.3 STRE	ent dynatura requi	red when reinstating)	DATE	D DIRECT	ORS IN 12	R2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OPPENHEIM, ROY D 1290 WESTON ROAD SUITE 30 WESTON FL 33326	end title if applicable. (NOTE: R) DIRECTORS DELETE	13. 1.1 TITLE 1.2 HAM 1.3 STRE 1.4 CITY	ent dignature require	red when reinstating)	DATE	D DIRECT	☐ Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE	OFFICERS AND OFFICERS AND OPPENHEIM, ROY D 1290 WESTON ROAD SUITE 30: WESTON FL 33326	and site if applicable. (NOTE: R) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE	E ET ADDRESS	red when reinstating)	DATE	D DIRECT(☐ Addition	CR2E034 (11/98)
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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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; 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.