

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 20, 1999 8:00 am
Secretary of State

04-20-1999 90036 048 ***150.00

DOCUMENT # P98000068641

1. Corporation Name

FLAKOWITZ OF DEERFIELD, INC.



Principal Place of Business

2295 CORPORATE BLVD., N.W., SUITE 140
BOCA RATON FL 33431

Mailing Address

2295 CORPORATE BLVD., N.W., SUITE 140
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1998

4. FEI Number

65-0851902

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

21 525 S. FEDERAL HWY

Suite, Apt. #, etc.

22 DEERFIELD BEACH, FL

23 City & State
Zip Country
24 33441 25 U.S.A.

2a. Mailing Address

26 525 S. FEDERAL HWY

Suite, Apt. #, etc.

27 DEERFIELD BEACH, FL

28 City & State
Zip Country
29 33441 30 U.S.A.

9. Name and Address of Current Registered Agent

WINDERMAN, HARRY ESQ.
2295 CORPORATE BLVD., N.W., SUITE 140
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME President
Karl Rechter
STREET ADDRESS 525 S. Federal Hwy
CITY-ST-ZIP Deerfield Beach, FL 33441

TITLE ☐ DELETE

NAME Vice President
RANDI POLLACK
STREET ADDRESS 525 S. Federal Hwy
CITY-ST-ZIP Deerfield Beach, FL 33441

TITLE ☐ DELETE

NAME Treasurer
BANDRA CATUSI
STREET ADDRESS 525 S. Federal Hwy
CITY-ST-ZIP Deerfield Beach, FL 33441

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 ☐ 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: *Karl Rechter* **SIGNATURE REQUIRED**

4/16/99

954-427229

CR2E034 (11/98)