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

DOCUMENT # P98000076130

1. Corporation Name

STEVEN ROTHMAN CONSULTANTS, INC.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90074 048 ***150.00



	<u> </u>			I ABBARBA ING 1918A ABBAR BBARA BBARA (BBA	F BYKRY KKRAR KKIK BRKY KRAK
Principal Place	e of Business	Mailing Address		•	
6361 BRAVA W		6361 BRAVA WAY		1	
BOCA RATON FL 33433 BOCA RATON FL 33433				DO NOT WRITE IN THIS SE	PACE
		<i>6</i> *		3. Date Incorporated or Qualifed	1
				09/01/1998	•
		2a. Mailing Address		4. FEI Number	Applied For
	lace of Business		a cach K		Not Applicable
21 7849	WHISPERING PALMS DR	26 / 665 (OUNTR	Y WALK DA		\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
22 3417	#, etc. # 20/	City & State			
City & Stat	e / 4 4	City & State		6. Election Campaign Financing	\$5.00 May Be
23 BOYN7	7 25 4 \$ A.	28 VLOUCESTER	ONTARIO	Trust Fund Contribution	Added to Fees
Zip	Country	☐ 4 × × × × □	Country CANADA	8. This corporation owes the current year Intang	Yes No
24 337 3	/ 25 U.J.A.	29 KIC 8E1 31	0 CAN ADI	Personal Property Tax. 10. Name and Address of New Registered Ag	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Ag	ent
CLIIL	IDED DEDNARD		oi Ivaine	STEVEN M. ROTHMAN	
	NDER, BERNARD		82 Street Ad	STEVEN M. ROTHMAN Idress (P.O. Box Number is Not Acceptable)	. () .
6361 BRAVA WAY			78	49 WHISPERING PALL	NJ DR.
BOCA RATON FL 33433			83 Cu	ITE 201	
~			Q4 City		85 Zip Code
			Ros	INTON BEACH, FL	33437
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above named re	unoration extends this statement for the fillinge of CD	anging its registered
office or r	egistered agent, or both, in the State of m familiar with and accept the bligation	i Florida. Such change was auti	nonzed by the corpor	ation's board of directors. I hereby accept the appoint	ient as registered
		STGU	CIM ROTI	HAMAI PRESIDENT 41	12/99
SIGNATURE	Signature, typed of printed name of registered agent a	and title if applicable. (NOTE: Ri	egistered Agent signature req	HMAN MESIDENT 4/	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	_	Change
NAME	ROTHMAN, STEVEN	/ -	1.2 NAME	STEVEN M. ROTHMAN	
STREET ADDRESS	6361 BRAVA WAY		1.3 STREET ADDRESS	7849 WHISPERING PALMS D	R 4 201
CITY-ST-ZIP	BOCA RATON FL 93433		1,4 CITY-ST-ZIP	BOYNTON BEACH, FL 33	137
TITLE	-	☐ DELETE	2.1 TITLE		Change
NAME			2.2 NAME		
ĺ			2.3 STREET ADDRESS		}
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			A A OFFICE AT THE		
TITLE		☐ DELETE	2.4 CITY-ST-ZIP		Change Addition
		☐ DELETE	3.1 TITLE		Change Addition
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STREET ADDRESS CITY-ST-ZIP TITLE			3.1 YTTLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		
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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 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: