

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 14, 1999 8:00 am
Secretary of State

04-14-1999 90020 043 ***150.00

DOCUMENT # P98000077376

1. Corporation Name

PARTNERS IN HEALTH AND ENTERTAINMENT MANAGEMENT,
INC.

Principal Place of Business

1700 EAST LAS OLAS BOULEVARD SUITE 102
FORT LAUDERDALE FL 33301

Mailing Address

1700 EAST LAS OLAS BOULEVARD SUITE 102
FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1998

4. FEI Number

65-0869904

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 The Jet Center

Suite, Apt. #, etc.

1100 Lee Wagener Blvd. #311

City & State

23 Ft. Lauderdale, FL

Zip

24 33315

Country

25 USA

2a. Mailing Address

26 The Jet Center

Suite, Apt. #, etc.

1100 Lee Wagener Blvd. #311

City & State

28 Ft. Lauderdale, FL

Zip

29 33315

Country

30 USA

9. Name and Address of Current Registered Agent

CYNAMON, JEFF P

1700 EAST LAS OLAS BOULEVARD SUITE 102

FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

Melissa H. Siesel

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

c/o Greenberg, Traurig, P.A.

83

515 E. Las Olas Blvd., Suite 1500

84 City

Ft. Lauderdale

85

Zip Code

33301

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

Melissa H. Siesel

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HUYSMAN, JAMES D

STREET ADDRESS 1700 EAST LAS OLAS BOULEVARD SUITE 102

CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 P/S/T/D ☒ Change ☐ Addition

1.2 NAME Huysman, James D.

1.3 STREET ADDRESS 1100 Lee Wagener Blvd., #311

1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33315

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)