Feb 26, 1999 8:00 am

Secretary of State

02-26-1999 90047 026 \*\*\*150.00

## 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 # P98000081148

1. Corporation Name

GILLESPIE, GOLDMAN & KRONENGOLD, P.A.

		,				
Principal Place	of Business	Mailing Address		4 IMB IMB 114 (DIG) 1841( WOLL) AUTH BOILS A	B18: 18181 1188: 1181: 816	]#I !##I (##I
6550 NORTH FEDERAL HIGHWAY 6550 NORTH FEDERAL HIG		6550 NORTH FEDERAL HIGHY	NAY			
SUITE 511 SUITE 511				DO NOT WRITE IN T	HIS SPACE	
FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308				3. Date Incorporated or Qualifed	THO OF MOL	
				09/16/1998		ļ
2 Principal Pl	ace of Business	2a, Mailing Address		4. FEI Number	Appl	lied For
2. Trincipatri	,	26		65-0643332	Not /	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	<del></del>	_	<b>\$8.75</b> Ad	Iditional
22		27		5, Certificate of Status Desired	Fee Requ	uired
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> м	lay Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	<ol><li>This corporation owes the current year</li></ol>		ا
24	25	29 30	0	Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	94 1	10. Name and Address of New Registe	red Agent	
DI O	IOUA I MECO		81 Name	D. E. GILLESPIE, JR.		
PLOUCHA, L M ESQ.			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
C/O ATKINSON, DINER, STONE, ET AL, P.A.				N. +ED. HIGHWAY		
1946 TYLER STREET			83 SUITE	511		
HOLLYWOOD FL 33020			84 City .		FL 85 Zip Co	ode
			- toei b			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, of Florida, Such change was auth	, the above-named corp norized by the corporati	poration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its re ppointment as regi:	stered
agent. I a	m familiar with, and arced the obligation	ons of Section 607.0505, Florid	a Statutes.	on's board of directors. I hereby accept the a		
SIGNATURE	John Milly fin	<u> </u>		pd when reinstating) DAT	<del></del>	<u> </u>
40	Signature, typed or printed name of registered agent OFFICERS AND		egistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS		S IN 12
TITLE	n OFFICERS AND	DELETE	1.1 TITLE	ADDITIONO/OHANGEO TO GETTICE!	☐ Change	Addition
NAME	GILLESPIE, JOHN R JR.	<u></u>	1.2 NAME			•
STREET ADDRESS	6550 NORTH FEDERAL HIGHWA	AV CHITE 511	1.3 STREET ADDRESS			
	FORT LAUDERDALE FL 33308	11, 00112 011	1.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE		Change	Addition
NAME	GOLDMAN, PETER R		2.2 NAME			ļ
STREET ADDRESS	6550 NORTH FEDERAL HIGHWA	AV SUITE 511	2.3 STREET ADDRESS			]
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	AI, OOIIE OII	2.4 CITY-ST-ZIP	•		
TITLE	D	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME	KRONENGOLD, JEFFREY L		3.2 NAME			
STREET ADDRESS	6550 NORTH FEDERAL HIGHWA	AY, SUITE 511	3.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	11, 001.2 01.	3.4. CITY- ST- ZIP			
TITLE	TOTAL BIODEFIE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY+ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			J
STREET ADDRESS			5.3 STREET ADDRESS			}
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition \
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			Į

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 an an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date