PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DIVISIO

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90055 012 ***150.00

DOCUMENT # P9800084890 1. Corporation Name SLINKMAN AND SLINKMAN, P.A.								ı
SCHALMANA WARD SCHALMANIA' L.V.								
Dringing Place	of Puninger	Mailing Address			- I deniërai îna inias carin anist asile earin saist i	IYIC OADON ABAYA T	IEIA MALII EKNI	ļ
								,
1401 FORUM WAY, SUITE 201 1401 FORUM WAY, SUITE 201 W. Palm BCH Fl, 33401 W. Palm BCH Fl, 33401								,
W. PALM COIL	, L 30-01	11. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			DO NOT WRITE IN THIS S	PACE		,
					3. Date incorporated or Qualifed			1
					10/02/1998			1 1
2. Principal Place of Business 2a. Mailing Address					4. FEt Number	App	lied For	1 1
21		26			65-0871162		Applicable	
Suite, Apt.	Suite, Apt. #, etc.), Apt. #, etc.		-5: Certificate of Status Desired	.,\$8.75 ₋ A		- i	
22		27			3. 3dd dd d	Fee Rec		İ
City & State	9	City & State	City & State		6. Election Campaign Financing	\$5.00 i		
23	3 28				Trust Fund Contribution	Added to	Fees	1
Zip	——————————————————————————————————————		Count	Ŋ	8. This corporation owes the current year Inta	ngfible 10 Yes [⊒No	;
24	. 25 29 30		30		Personal Property Tax.	<u> </u>	740	
	9. Name and Address of Curre	nt Registered Agent		1 Name	10. Name and Address of New Registered A	Beur		!
, cim	MARAN C MENDALI		0	Name				l i
SLINKMAN, F. KENDALL				2 Street Add	Iress (P.O. Box Number is Not Acceptable)			!
1401 FORUM WAY, SUITE 201			L		<u> </u>			i
W. PALM BCH FL 33401			le le	3 .				'
}			ā	4 City		85 Zlp C	ode	1
				1	<u> </u>			1:
11. Pursuant office or n	to the provisions of Sections 607.056 agistered agent, or both, in the State in familiar with, and accept the obliga	02 and 607.1508, Florida Statute of Florida. Such change was au ations of, Section 607.0505, Flor	es, the about horized b ida Statute	ve-named com y the corporati is.	poration submits this statement for the purpose of clon's board of directors. I hereby accept the appoint	manging its r tment as reg	stered	
SIGNATURE		•						, ,
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R			Registered Ap	ent signature requin	ed when reinsteting) DATE			8
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR Change	S (N 12 ☐ Addition	CR2E034 (11/98)
TILE	D DELETE		1.1 TITLE			Change	Addition	<u> </u>
NAME	SLINKMAN, F. KENDALL		1.2 NAME					Š
STREET ADDRESS			1.3 STREET ADDRESS					Ä
CITY-ST-ZIP	LANTANA FL 33462		1.4 CITY-ST-ZIP			<u></u>	Addition	꾡
TITLE	DELETE		21 TITLE		☐ Change		[_] ADDIOON	ΙĬ
NAME	SLINKMAN, RICHARD 22		2.2 NAM	:				
STREET ADDRESS	119 FAITH WAY		23 STRE	L3 STREET ADDRESS				
CITY-ST-ZIP	JUPITER FL 33458		12/4 City	2/4 CITY: 5T-ZP		<u> </u>		'
TILE	□ DELETE 3		3.1 TITLE		•	Change	☐ Addition	Ì
NAME -			3.2 NAM	·				:
STREET ADDRESS			3.3 STRE	ET ADORESS	· · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		<u> </u>	T A A SEC.	
TITLE	•		4.1 TITLE			Change	Addition	
NAME			4. 2 NAM	E				;
STREET ADDRESS			4,3 STRE	ET ADDRESS				İ
CITY-ST-ZIP			4,4 CITY-	51-ZIP				
TITLE		☐ DELETE 5.1 T			•	☐ Change	Addition	ĺ
NAME			5.2 NAM	:				
STREET ADDRESS			5.3 STRE	ET ADDRESS	•			i '
CITY-ST-ZIP			5.4 CITY					;
TITLE	□ DELETE 6.1		6.1 TITLE			Change	Addition	:
NAME			6.2 NAM	· .				i .
STREET ADDRESS			6.3 STRE	ET ADDRESS	•			:
CITY-ST-ZIP	ingere graph in New William (1997). New York to the control of the Control of th		6.4 C/TY	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 is rue 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:

- CHICAGO REQUIRED

4-1-97 (561) B.86-3100