Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90091 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000087853

1. Corporation Name

DR. HOE	BERT S. LE	VINE, ESQ.	, P.A.						.		1 1101 2 110 0 1111 180) 1818 1818 1811 181
Principal Place	o of Pusiness	<u> </u>	Mailing /	Address					BIII BBIIH FBIH		10191 01190 1111 1001
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PLANTATION FL 33324 PLANTATION FL 33324								DO NOT	WRITE IN	THIS SPACE	
							3. Date Incom		alifed		
							10/13/19				
2. Principal Pl	lace of Busines	ss	2a. Maili	ng Address			4. FEI Numbe	_	17		Applied For
21			26				65-0	<u> </u>	ط/		Not Applicable
Suite, Apt.	#, etc.		27 Suite	, Apt. #, etc.			5. Certifcate of	of Status Desir	ed 🗆		75 Additional . Required
City & State	te 🖖 🔭		- City	& State	- 1 - 2	ű	6. Election Ca	ampaign Finan	cing .	\$5.	00 May Be
23			28				Trust Fund	Contribution		Add	led to Fees
Zip	_	Country	Zip		Country		8. This corpor		e current ye		\
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•	9. Name a	nd Address of	Current Registered	Agent	81 (Nama	10. Name and				
^∩p	PODATE OR	EATIONS ENT	ERPRISES, INC.			Name Dr	- 11000		EVING,	. ويع	
	I PGA BOUL		LIN HOLO, INC.		82		ess (P.O. Box Number is Not Acceptable)			01 0	. f 2.00
		ARDENS FL 33	1418		83	791	No. Fi	ne Is	land	10 20	11/2 208
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11. Pursuant	to the provision	ns of Sections 6	07.0502 and 607.150	08, Florida Statute	s, the above-r	named corpo	ration submits th	is statement for	or the purpo	se of changing	j its registered
office or n	registered ager ım fa <u>mili</u> ar with	it, or both, in the , and accept the	State of Florida. Su obligations of, Secti	on 607.0505, Flor	ida Statutes.	e corporation	is board or direc	AOIS. I HEIEDY	accept the	арропилон а	3 registered
	DR	(When	t D. Ju	me εs	g.				311	5 99	
SIGNATURE	Signature, typed or	printed name of regist	ered agent and title if applica	me Si	A Registered Agent si		when reinstating)	***	311	799	
SIGNATURE		printed name of regist	12.00	me Es	Registered Agent si		when reinstating)	/CHANGES T	311	TE 99	CTORS IN 12
SIGNATURE 12. TITLE	D	printed name of regist	ered agent and title if applica	me Si	Registered Agent si 13.		when reinstating)	***	311	799	CTORS IN 12
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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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(954) 723-9715