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 # **P98000097343** 1. Corporation Name

LAW OFFICES OF ELENA B. LANGAN, P.A.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90136 021 ***150.00



| | . * | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------|--------------|-------------|--------------------|-----------------------------------------------------------------------------------|-----------------------------|------------|
| Principal Place | e of Business | Mailing Address | | | | I (1881) and relief result address and result and | 161 16669 15111 G | |
| 2650 BISCAYNE | | 2650 BISCAYNE BLVD. | | | | | | • |
| MIAMI FL 33137 MIAMI FL 33137 | | | | | | DO NOT WRITE IN THIS S | SDACE | |
| | • | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | | 11/16/1998 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Addr | ress | | | 4. FEI Number | <u> </u> | lied For |
| 21 | | 26 | | | | 65-0877057 | | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. # | , etc. | | - | 5. Certificate of Status Desired | \$8.75 Ac Fee Req | |
| City & State | e . | 1 | City & State | | | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | | |
| 23 | _ | 28 | 28 | | | | | |
| Zip | Country | Zip | | Country | | 8. This corporation owes the current year Inta | ngible | |
| 24 | 25 | 29 | 30 | | | | | □No |
| 24 | 9. Name and Address of Curren | | 1991 | 1 | | 10. Name and Address of New Registered A | gent | |
| | | | | 81 | Name | | | |
| Langan, Elena B | | | | | | | | |
| 2650 BISCAYNE BLVD. | | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | | |
| MIAMI FL 33137 | | | | 83 | | | | |
| WILL SE | WI 1 E 30 107 | | | 63 | | | | } |
| | | | | 84 | City | | 85 Zip C | ode |
| | | | | , | | <u> </u> | لل | |
| 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 | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered ager | it and title if applicable. | (NOTE: Regis | tered Agen | nt signature requi | red when reinstating) OATE | | |
| 12. | OFFICERS AN | ID DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | | |
| TITLE | PSTD | Ü [| DELETE 1 | I.1 TITLE | | | Change | ☐ Addition |
| NAME | LANGAN, ELENA B | | 1 | I.2 NAME | | | | ľ |
| STREET ADDRESS | 2650 BISCAYNE BLVD. | | 1 | I.3 STREET | TADDRESS | | | J |
| CITY-ST-ZIP | MIAMI FL 33137 | | 1 | I.4 CITY-S | T-ZIP | | | |
| TITLE | | | ELETE 2 | 2.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 2 | 2.2 NAME | | • | | |
| STREET ADDRESS | · | | 1 2 | 2.3 STREET | TADDRESS | | | |
| CITY-ST-ZiP | 4 | • | - 1 | 2. 4 CITY-S | T-ZIP | , | | |
| TITLE | | | 3.1 TITLE | | | Change | ☐ Addition | |
| NAME | | | 3 | 3.2 NAME | | | | } |
| STREET ADDRESS | | | 1 ; | 3.3 STREET | T ADDRESS | | | \ |
| CITY-ST-ZIP | · · · | | I : | 3.4. CITY-S | ST-ZIP | • | | |
| TITLE | | . 01 | ELETE 4 | 4.1 T/TLE | | | ☐ Change | ☐ Addition |
| NAME | | • | 1, | 1 2 NAME | | | | ነ |

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

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

DELETE

☐ DELETE

Change

☐ Change

Addition

Addition