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 90173 045 ***150.00

DOCUMENT #	P98000099105
1. Corporation Name	1 00000000100

3925 CORPORATION

Principal	Place	of Bus	siness	

			-{		
Principal Place of Business	Mailing Address				
7777 W. GLADES RD. STE. 100 BOCA RATON FL 33434 7777 W. GLADES RD. STE. 100 BOCA RATON FL 33434			DO NOT WRITE IN THIS SE	PACE	
·			3. Date Incorporated or Qualifed 11/23/1998		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		65-0876520	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	# _ · . =	5. Certificate of Status Desired	\$8.75 Additional	
22	City & State		A FL P O series Francis		
City & State	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25	Zip Cot 29 30	intry	8. This corporation owes the current year Intangeness Personal Property Tax.	gible]Yes ☐No	
9. Name and Address of Cur		<u> </u>	10. Name and Address of New Registered Ag	jent	
GIMELSTOB, HERBERT		81 Name			
7777 W. GLADES RD. STE. 100 BOCA RATON FL 33434		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City	FL	85 Zip Code	
			Company of the state of the sta	agging its registered	

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 of Florida. Statutes

agent. I ai	m familiar with, and accept the obligations of, S	ection 607.0303, Fibria	a Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent and title if a	pplicable. (NOTE: Re	gistered Agent signature re	quired when reinstating) DATE			
12.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TITLE	D/P	X Change	☐ Addition	
NAME ·	GIMELSTOB, HERBERT		1.2 NAME	GIMELSTOB, HERBERT			
STREET ADDRESS	W OLADEO DO OTE 400		1.3 STREET ADDRESS	7777 W. GLADES ROAD, SUITE	100		
CITY-ST-ZIP	BOCA RATON FL 33434		1.4 CITY-ST-ZIP	BOCA RATON, FL 33434			
TITLE	D	DELETE	2.1 TITLE	D/V	Change	Addition	
NAME	GIMELSTOB, ELAINE		2.2 NAME	GIMELSTOB, ELAINE			
STREET ADDRESS			2.3 STREET ADDRESS	7777 W. GLADES ROAD, SUITE	100		
CITY-ST-ZIP	BOCA RATON FL 33434	تت لے۔ ہ	2.4 CITY-ST-ZIP	BOCA RATON, FL 33434	· .		
TITLE		☐ DELETE	3.1 TITLE	V/T/S	Change	X Addition	
NAME			3.2 NAME	HOPIN, MARC D.			
STREET ADDRESS			3.3 STREET ADDRESS	7777 W. GLADES ROAD, SUITE	100		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	BOCA RATON, FL 33434			
TITLE	7-7	☐ DELETE	4.1 TITLE	V	Change	X Addition	
NAME			4. 2 NAME	EPSTEIN, WILLIAM L.			
STREET ADDRESS			4.3 STREET ADDRESS	7777 W. GLADES ROAD, SUITE	100		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	BOCA RATON, FL 33434			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition	
NAME (5.2 NAME				
STREET ADORESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition	
NAME			6.2 NAME				
STREET ADORESS			6.3 STREET ADDRESS				
CITY-S7-ZIP			6.4 CITY+ST-ZIP				

nd does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information eport is to find accurate and that my signature shall have the same legal effect as if made under oath; that I am an ustee expectation execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this fainticated on this annual report or supplemental annual officer or director of the corporation Block 12 or Block 13 if changed, or

SIGNATURE:

G OFFICER OR DIRECTOR

HERBERT GIMELSTOB

(561)_852-2900