

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90229 004 ***150.00

DOCUMENT # S00206

1. Corporation Name
ERIC M. POLSKY, D.C.P.A.

Principal Place of Business

1401 NW 126 WAY
4006 COCOPLUM CIRCLE
SUNRISE FL 33323
US

Mailing Address

1401 NW 126 WAY
4006 COCOPLUM CIRCLE
SUNRISE FL 33323
US

2. Principal Place of Business

21 4780 NW 120 Drive

2a. Mailing Address

26 4780 NW 120 Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Coral Springs FL

City & State

28 Coral Springs, FL

Zip

24 33076

Country

25 USA

Zip

29 33076

Country

30 USA

9. Name and Address of Current Registered Agent

BERNSTEIN, MARK C
1000 HIATUS RD
110
PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1990

4. FEI Number

65-0194602

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

Bernstein, Mark

82 Street Address (P.O. Box Number is Not Acceptable)

5001 South University Drive

83

Suite #A

84 City

Davie

FL

85 Zip Code

33328

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME POLSKY, ERIC M.
STREET ADDRESS 1401 NW 126 WAY
CITY-ST-ZIP SUNRISE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME POLSKY, ERIC M.
1.3 STREET ADDRESS 4780 NW 120 Drive
1.4 CITY-ST-ZIP Coral Springs, FL 33076

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

954-648-0515

CR2E034 (11/98)

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