FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S31550

1. Corporation Name

Principal Place of Business

RAYMOND J. ZOMERFELD, P.A. CERTIFIED PUBLIC ACCO UNTANT

7700 S.W. 109 STREET #301 MIAMI FL 33156 US		7700 SW 109 STREET #301 MIAMI FL 33156 US		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed 02/12/1991			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		65-0258664		Not Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional
22	عقب د - ، ، ، است	27	. د . ب خم	+-	5. Certificate of Status Desired	Fee	Required
City & State	Ð	City & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	Country 25	Zip 30	Country		This corporation owes the current year Int Personal Property Tax.	angilde Yes	□No
	9. Name and Address of Current	Registered Agent	•		10. Name and Address of New Registered	Agent	
			81	Name			į
ZOMERFELD, RAYMOND J. 7700 S.W. 109TH STREET			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33156			83				
			84	City	FI	85 2	Zip Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was authors of, Section 607.0505, Florida	onzed by a Statutes	the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoi	changing ntment a	g its registered s registered
	Signature, typed or printed name of registered agent			nt signature requir	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIBE	TOPS IN 12
	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	Char	
TITLE	DP DAVIAGNE	☐ DELETE	1.1 TITLE	•			ge
NAME	ZOMERFELD, RAYMOND J.		1.2 NAME		•		J
STREET ADDRESS	7700 109TH STREET			TADDRESS			Ţ
CITY-ST-ZIP	MIAMI FL 33156	- DELETE	1.4 CITY-S	T-ZIP		Char	nge Addition
TITLE		☐ DELETE	2.1 TITLE			[_] Ontai	TAGGIGON)
NAME			2.2 NAME				
STREET ADDRESS		·		TADDRESS			-
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP		Char	nge
TITLE		DELETE	3.1 TITLE		المصاف المشكر والمالية المحافظات	Cilar	igeAddition
NAME			3.2 NAME				ł
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		Char	nge
TITLE		☐ DELETE	4.1 TITLE			☐ ¢nai	ide [7] vocinon
NAME			4.2 NAME	ļ	•		ļ
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			and The delices
TITLE	_	☐ DELETE	5.1 TITLE	ļ		☐ Chai	nge 🗌 Addition
NAME	· ·		5.2 NAME				ļ
STREET ADDRESS			ì	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		. DELETE	6.1 TITLE	}		Chai	nge
NAME			6.2 NAME	İ			
STREET ADDRESS			6.3 STREE	TADDRESS			ţ

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

6.4 CITY-ST-ZIP

SIGNATURE:

NV-66<u>9-8898</u>

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90220 050 ***150.00