

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 # **S74324**

1. Corporation Name
PEOPLES LAW CENTER, P.A.

APPROVED
AND
FILED

Fg 1 of 3

99 NOV 16 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

16585 N.W. 2ND AVE #200
MIAMI FL 33169

Mailing Address

16585 N.W. 2ND AVE. #200
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	27. City & State		08/19/1991	
22. Zip	28. Zip	29. Country		4. FEI Number	
23. Country	30. Country	31. Country		65-0278913	
24. Zip		25. Country		Applied For	
26. Country		27. Country		Not Applicable	
28. Country		29. Country		5. Certificate of Status Desired <input type="checkbox"/>	
30. Country		31. Country		\$8.75 Additional Fee Required	
32. Country		33. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
34. Country		35. Country		\$5.00 May Be Added to Fees	
36. Country		37. Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DEUTSCH, DAVID
16585 N.W. 2ND AVE.
MIAMI FL 33169

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

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

(Type, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		1.2 NAME	
3. STREET ADDRESS		1.3 STREET ADDRESS	
4. CITY-ST-ZIP		1.4 CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY-ST-ZIP		2.4 CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-ST-ZIP		4.4 CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-ST-ZIP		5.4 CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP	

800003053308-9
-11/23/99-01067-002
***150.00 ***150.00

[Handwritten Signature]

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: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 947-4800
Date Daytime Phone #

CR2E034 (11/98)

DAVID DEUTSCH
MEMBER OF FL & DC BARS
MICHAEL B. MANES
OF COUNSEL
SCOTT SAPERSTEIN
OF COUNSEL

LAW OFFICES
OF
Peoples Law Center, P.A.
FLORIDA TICKET CENTER
DAVID DEUTSCH
ATTORNEY AT LAW

16585 N.W. 2ND AVENUE
MIAMI, FLORIDA 33169
TELEPHONE: (305) 947-4800
(954) 966-3626
FACSIMILE: (305) 947-2211

November 12, 1999

Florida Department of State
c/o Ms. Michelle Milligan
Div of Corporations
Corporate Record
P.O.Box 6327
Tallahassee, Florida 32314

Re: Peoples Law Center, P.A.; Ref Number: S74324
Timely Mailing & Requested Waiver of Late fees & Penalties

Dear Ms. Milligan:

Thank you for taking the time to speak with me on the telephone earlier this week. Your patience and courteous manner was greatly appreciated, as I was shocked and stunned by the Department's letter dated November 5, 1999 requesting late fees and penalties.

In furtherance of our conversation, please be advised the enclosed original annual report form and fee was mailed to the Department in a timely manner via US Mail on April 15, 1999 with the required \$150.00 fee.

For reasons unbeknownst to me, this envelope was returned (please see original envelope) marked by the post office "RETURN TO WRITER". Once this letter was received back in our office, I drew an "X" through the postal services note and wrote "PLEASE RE-DELIVER ADDRESS IS CORRECT" because I knew the address was correct and I didn't to be prejudiced by the postal services inept error.

Based on the foregoing, I feel that because the proper fees and paperwork was mailed in a timely manner,, I'm respectfully requesting the Department to waive late fees and reinstatement fees and accept the annual report for filing retroactive to a timely filing as it rightfully should have been if delivered properly by US MAIL.

Please consider my request and favor me with your immediate reply. If further action is required, please advise accordingly.

Again, I thank you for your time and appreciate you giving this matter your immediate attention.

Very Truly Yours,

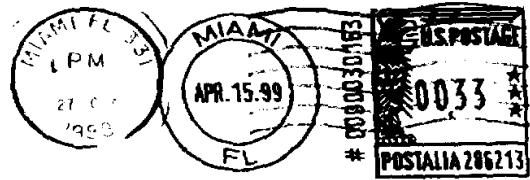
David Deutsch, Esq.
Peoples Law Center, P.A.

Enclosures
CERTIFIED RETURN RECEIPT

79.3013

574324

Peoples Law Center, P.A.
FLORIDA TICKET CENTER™
DAVID DEUTSCH, ESQ.
16585 N.W. 2ND AVENUE
MIAMI, FLORIDA 33169



*Please Re-Deliver
Address
is correct*

**DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
PO BOX 1500
TALLAHASSEE FL 32302-1500**



32302+1500 

