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Apr 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S80552

1. Corporation Name
MOFFA & MOFFA P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: ONE FINANCIAL PLAZA SUITE 2202 FT LAUDERDALE FL 33394 US
Mailing Address: ONE FINANCIAL PLAZA SUITE 2202 FT. LAUDERDALE FL 33394 US

3. Date Incorporated or Qualified
09/17/1991

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number (4) Applied For (5) Not Applicable
65-0302120

5. Certificate of Status Desired (5) \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution (6) \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. (8) Yes (9) No

9. Name and Address of Current Registered Agent
MOFFA, JOSEPH C
ONE FINANCIAL PLAZA
SUITE 2202
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Table with 2 columns: OFFICERS AND DIRECTORS (12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows include MOFFA, JOSEPH C and MOFFA, JOHN with fields for Title, Name, Street Address, and City-ST-ZIP.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows include fields for Title, Name, Street Address, and City-ST-ZIP for additional officers/directors.

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: _____ DATE: 4/17/89 DAYTIME PHONE #: 954-761-3700

CR2E034 (1/198)