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

Mailing Address

7000 W PALMETTO PARK RD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # \$93980

Corporation Name

rincipal Place of Business

1000 W PALMETTO PARK RD

STEVEN B. GREENFIELD, ATTORNEY AT LAW, P.A.

BOCA RATON I	51 20423	SUITE 402 BOCA RATON FL 33433			DO NOT WRITE IN THIS	SPACE	
US		US		3. Date Incorporated or Qualifed 11/14/1991			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
21		26			65-0294874		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	9	City & State	•		6. Election Campaign Financing	\$5.00	Mav Be
23					Trust Fund Contribution	Added t	- 1
Zip	Country Zip Co				8. This corporation owes the current year Int	angible	7
24	25 29 30				Personal Property Tax.	☐ Yes -	. ☑ No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
			81	Name			
GREENFIELD, STEVEN B.			82	Ctroot Ad	Idress (P.O. Box Number is Not Acceptable)		
7000 W PALMETTO PARK RD			02	Street Ad	idless (F.O. Dox Number is Not Acceptable)		
SUITE 402			83				
BOCA RATON FL 33433			84	City	FL	85 Zip 0	Code
44. Durawant to the provisions of Sections 607 0502 and 607 1508. Florida Statutas, the s					progration submits this statement for the purpose of	changing 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE					DATE		
	Signature, typed or printed name of registered agent			nt signature requ	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	DC IN 12
12.	OFFICERS AND	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	Addition
TITLE	PVTS	□ DECE IE	1.1 TITLE				
NAME	GREENFIELD, STEVEN B.	N. HTE 400	1.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-S	T- ZIP		C) Channe	- Addition
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
πιτΕ	☐ DELETE 3.1					Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADORESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
SINCE I ADDRESS			•				

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

7/24/7

Daytime Phone #

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90226 027 ***150.00

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