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PROFIT CORPORATION ' ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S94316

NEIL FLAXMAN, PROFESSIONAL ASSOCIATION

Principal Place of Business		Mailing Address	Mailing Address					
550 BILTMORE	WAY	550 BILTMORE WAY					•	
STE 780		STE 780	**=		DO NOT WRITE IN THIS SPACE			
CORAL GABLES	S FL 33134	CORAL GABLES FL 3 US	33134			3. Date Incorporated or Qualifed	IIO OI AOL	
03		00				11/14/1991		
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For
21	acc or business	26				65-0294621	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc					\$8.75 A	dditional
22		27				5. Certificate of Status Desired	Fee Re	quired
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	Fees .
Zip	Country	Zip	Co	untry		8. This corporation owes the current year		
24	25	29	30	·		Personal Property Tax.		□No
	9. Name and Address	s of Current Registered Agent		100	A1	10. Name and Address of New Register	ed Agent	
ELAV	(MAN. NEIL			81	Name	•		
l	BILTMORE WAY			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
#780				83		•	,	
	AL GABLES FL 33134			"				
00	THE CHAPLED I E GOTO!			84	City	F	85 Zip C	ode
11 Durayant	to the arguisians of Section	one 607 0502 and 607 1508: Florida S	Statutes the	hove	-named corn	oration submits this statement for the ourpose	of changing its	registered
office or re	enistered agent or both i	n the State of Florida. Such change v	was authorize	d by I	the corporatio	on's board of directors. I hereby accept the ap	pointment as reg	gistered
agent. I ar	m familiar with, and accep	of the obligations of, Section 607.0505	s, Fiorida Sta	iutes.			,	.
							•	
SIGNATURE	Slonghure, byted or nonted name of	f registered agent and title if applicable	(NOTE: Registere	d Ageni	t signature require	d when reinstating) DATE		
		f registered agent and title if applicable. FICERS AND DIRECTORS	(NOTE: Registere		t signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	OF		13		t signature require	- months	AND DIRECTO	RS IN 12
12.	PD OF	FICERS AND DIRECTORS	13. TE 1.1 T		t signature require	- months		
12.	PD FLAXMAN, NEIL	FICERS AND DIRECTORS	13. TE 1.1 T 1.2 M	ITLE IAME	t signature required	- months		
12. TITLE NAME STREET ADDRESS	PD FLAXMAN, NEIL 550 BILTMORE WAY	FICERS AND DIRECTORS	13. TE 1.11 1.2 M 1.3 S	ITLE IAME	ADDRESS	- months		
12. TITLE NAME	PD FLAXMAN, NEIL	FICERS AND DIRECTORS	13. TE 1.1T 1.2 M 1.3 S 14 C	ITLE IAME STREET	ADDRESS	- months		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLAXMAN, NEIL 550 BILTMORE WAY	FICERS AND DIRECTORS DELE	13. TE 1.11 1.28 1.39 140 TE 2.17	ITLE IAME STREET	ADDRESS	- months	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD FLAXMAN, NEIL 550 BILTMORE WAY	FICERS AND DIRECTORS DELE	13. TE 1.11 1.2h 1.35 1.40 TE 2.11 2.2h	ITLE IAME STREET SITY-ST ITLE IAME	ADDRESS	- months	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD FLAXMAN, NEIL 550 BILTMORE WAY	FICERS AND DIRECTORS DELE	13. TE 1.11 1.24 1.38 140 TE 2.17 2.24 2.38	ITLE IAME STREET SITY-ST ITLE IAME	ADDRESSZIP ADDRESS	- months	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD FLAXMAN, NEIL 550 BILTMORE WAY	FICERS AND DIRECTORS DELE	133 TE 1.17 1.28 1.38 1.40 TE 2.17 2.28 2.38	ITLE IAME STREET SITY-ST ITLE IAME	ADDRESSZIP ADDRESS	- months	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLAXMAN, NEIL 550 BILTMORE WAY	FICERS AND DIRECTORS DELE , SUITE 780	13 TE 1.11 1.21 1.35 1.40 TE 2.11 2.21 2.25 2.44 TE 3.11	ITLE IAME STREET STILE IAME STREET	ADDRESSZIP ADDRESS	- months	☐ Change	☐ Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD FLAXMAN, NEIL 550 BILTMORE WAY	FICERS AND DIRECTORS DELE , SUITE 780	13 TE 1.11 1.22 1.35 1.40 2.11 2.21 2.21 2.25 2.44 TE 3.11 3.21	ITLE IAME STREET STY-ST ITLE IAME STREET CITY-S' ITLE	ADDRESSZIP ADDRESS	- months	☐ Change	☐ Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	PD FLAXMAN, NEIL 550 BILTMORE WAY	FICERS AND DIRECTORS DELE , SUITE 780	13 TE 1.11 1.22 1.38 1.40 2.11 2.21 2.21 2.38 2.41 TE 3.11 3.24 3.38	ITLE IAME STREET STY-ST ITLE IAME STREET CITY-S' ITLE	ADDRESSZIP ADDRESS TZIP ADDRESS	- months	☐ Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD FLAXMAN, NEIL 550 BILTMORE WAY	FICERS AND DIRECTORS DELE , SUITE 780	13 TE 1.11 1.22 1.35 1.40 2.11 2.21 2.21 2.35 2.44 3.11 3.24 3.35 3.4.	ITLE IAME STREET STREET STREET CITY-ST STREET CITY-S STREET LAME STREET LAME STREET	ADDRESSZIP ADDRESS TZIP ADDRESS	- months	☐ Change	☐ Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLAXMAN, NEIL 550 BILTMORE WAY	FICERS AND DIRECTORS DELE , SUITE 780 DELE	13 TE 1.11 1.22 1.38 1.40 1.38 1.40 1.22 1.11 1.11 1.22 1.11 1.22 1.11 1.22 1.11 1.22 1.11 1.22 1.11 1.22 1.11 1.11 1.22 1.11 1.11 1.22 1.11 1.22 1.11 1.22 1.11 1.22 1.11 1.22 1.11 1.22 1.11 1.11 1.22 1.11 1.22 1.11 1.22 1.11 1.22 1.11 1.22 1.11 1.22 1.11 1.11 1.22 1.11 1.11 1.22 1.11 1.11 1.22 1.11 1.22 1.11 1.22 1.11 1.22 1.12 1.12 1.12 1.12 1.12 1.12 1.12 1.12 1.12 1.12 1.12 1.12 1.12 1.12 1.12 1.12 1.12 1.12	ITLE IAME STREET ITLE IAME ITREET ITLE IAME ITLE IAME ITLE IAME ITLE IAME ITLE IAME ITLE IAME	ADDRESSZIP ADDRESS TZIP ADDRESS	- months	☐ Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD FLAXMAN, NEIL 550 BILTMORE WAY	FICERS AND DIRECTORS DELE , SUITE 780 DELE	13 TE 1.11 1.24 1.38 1.40 1.38 1.40 1.38 1.40 1.38 1.40 1.38 1.40 1.38 1.40 1.38 1.40 1.40 1.40 1.40 1.40 1.40 1.40 1.40	ITTLE IAME STREET ITTLE IAME IAME IAME STREET ITTLE IAME STREET ITTLE IAME	ADDRESSZIP ADDRESS TZIP ADDRESS	- months	☐ Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	PD FLAXMAN, NEIL 550 BILTMORE WAY	, SUITE 780 DELE	13 TE 1.11 1.22 1.38 1.40 1.38 1.40 1.38 1.38 1.38 1.31 1.32 1.32 1.33 1.34 1.41 1.4.2	ITTLE IAME STREET ITTLE IAME IAME IAME STREET ITTLE IAME STREET ITTLE IAME	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	- months	☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD FLAXMAN, NEIL 550 BILTMORE WAY	FICERS AND DIRECTORS DELE , SUITE 780 DELE	13 TE 1.11 1.22 1.38 1.40 1.38 1.40 1.38 1.40 1.38 1.40 1.38 1.40 1.38 1.40 1.38 1.40 1.40 1.40 1.40 1.40 1.40 1.40 1.40	ITLE IAME ITREET ITLE IAME ITLE ITLE IAME ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	- months	☐ Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLAXMAN, NEIL 550 BILTMORE WAY	, SUITE 780 DELE	13 TE 1.11 1.2h 1.3\$ 1.40 2.17 2.2h 2.3\$ 2.41 3.11 3.2h 3.3\$ 3.4. TE 4.11 4.2 4.3\$ 4.40 TE 5.11 5.2h	ITLE IAME STREET ITLE IAME ITREET ITLE IAME ITREET ITLE IAME ITREET ITLE IAME	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP	- months	☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	PD FLAXMAN, NEIL 550 BILTMORE WAY	, SUITE 780 DELE	13 TE 1.11 1.2h 1.3\$ 1.40 2.17 2.2h 2.3\$ 2.41 3.11 3.2h 3.3\$ 3.4. TE 4.11 4.2 4.3\$ 4.40 TE 5.11 5.2h	ITLE IAME STREET ITLE IAME ITREET ITLE IAME ITREET ITLE IAME ITREET ITLE IAME	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	- months	☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD FLAXMAN, NEIL 550 BILTMORE WAY	, SUITE 780 DELE	13 TE 1.11 1.2h 1.3s 1.4(1.3s 1.4 (1.3s 1.	TITLE LAME TREET TITLE LAME LAM	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP ADDRESS	- months	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD FLAXMAN, NEIL 550 BILTMORE WAY	, SUITE 780 DELE	133 TE 1.17 1.28 1.38 1.40 TE 2.17 2.28 2.38 2.41 TE 3.17 3.28 3.34 TE 4.11 5.28 5.38 5.44 TE 6.11	TITLE LAME TREET TITLE LAME STREET TITLE LAME STREET TITLE LAME STREET STREET STREET STREET STREET STREET STREET	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP ADDRESS	- months	☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLAXMAN, NEIL 550 BILTMORE WAY	, SUITE 780 DELE	TE 1.17 1.28 1.38 1.40 1.38 1.40 1.21 1.22 1.38 1.40 1.40 1.40 1.40 1.40 1.40 1.40 1.40	TITLE LAME LITTLE LAME	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP ADDRESS	- months	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition Addition

14. I hereby certify that the information supplied with this fifting 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 of the receiver or true 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 a state of the corporation of the corporation

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP