

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JUL 31 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **V05137** (7)  
1- Corporation Name  
**JEFFREY M. FINE, P.A.**



Principal Place of Business Mailing Address  
**5200 BLUE LAGOON DRIVE** **5200 BLUE LAGOON DRIVE**  
**SUITE 250** **SUITE 250**  
**MIAMI FL 33126** **MIAMI FL 33126**  
**US** **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
**01/06/1992** **05/01/1996**  
4. FEI Number Applied For  
**65-0308173** Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MORANTE, THOMAS F.**  
**CANTOR & MORABTE, P.A.**  
**TWO S. BISCAYNE BLVD., SUITE 3750**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **Jeffrey M. Fine, P.A.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5200 Blue Lagoon Drive**  
83 **Suite 250**  
84 City **Miami** FL 85 Zip Code **33126**

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 *Jeffrey M. Fine* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE	<b>D</b>	<b>FINE, JEFFREY M.</b>	<b>5200 BLUE LAGOON DRIVE, STE#250</b>
		<b>MIAMI FL</b>	
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<b>000002259210--9</b>	
		<b>-08/06/97--01055--009</b>	
		<b>***165.00 ***165.00</b>	
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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14. I do 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.

SIGNATURE:

*Jeffrey M. Fine*

4-17-94 (305) 212-8489

CR2E034 (4/97)