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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 # V11383

1. Corporation Name
ANDREW L. SILVERMAN, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2734 E OAKLAND PK BLVD
STE 200
FT LUD FL 33306
US

Mailing Address
3300 NE 191ST ST
STE 414
AVENTURA FL 33180
US

3. Date Incorporated or Qualified
02/04/1992

4. FEI Number
65-0312208
Applied For
Not Applicable

2. Principal Place of Business
21

2a. Mailing Address
26

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

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

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

City & State
23

City & State
28

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

Zip Country
24 25

Zip Country
29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVERMAN, ANDREW L.
4357 WHITE CEDAR DRIVE
DELRAY BEACH FL 33445

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3300 N.E 191st # 414
83
84 City Aventura FL 85 Zip Code 33180

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 *Andrew L. Silverman* PRES - + P.A. (ANDREW L. SILVERMAN) 1/4/99
Signature, 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

TITLE P DELETE
NAME SILVERMAN, ANDREW L.
STREET ADDRESS 4357 WHITE CEDAR DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33445

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 3300 N.E 191st # 414
1.4 CITY-ST-ZIP Aventura, FL 33180

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Andrew L. Silverman* PRES - + P.A. (ANDREW L. SILVERMAN)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 (565) 565-0116
Date Daytime Phone #

CR2E034 (11/98)