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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V38978

1. Corporation Name

NUCLEAR STUDIES OF SOUTH FLORIDA, P.A.

		•			
Principal Place	of Business	Mailing Address			T (\$30) \$1000 (118) 1010 (30) (30) (30) 210) 910) 410), 410) 410)
5458 TOWN CENTER RD. P.O. BOX 11697 #102 FT LAUDERDALE F BOCA RATON FL 33486 US					DO NOT WRITE IN THIS SPACE
us					3. Date Incorporated or Qualifed
					05/27/1992
2. Principal P	ace of Business	-	2a. Mailing Address		4 FEI Number Applied For
21		26	-		65-0335892 Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	— ·	Suite, Apr. #, etc.		5. Certificate of Status Desired Fee Required
City & State			City & State		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Intangible
24	25	293	30		Personal Property Tax. Yes No
	9. Name and Address of Curre	ent Registered Agent		74 11	10. Name and Address of New Registered Agent
KUTI	ED ANITA DANII ESNIIDE			81 Name K	OTLER, ANITA PAOLI ESQUIRE
KOTLER, ANITA PAOLI, ESQUIRE 1901 HARRISON ST				82 Street Ad	Idress (P.O. Box Number is Not Acceptable)
	LYWOOD FL 33020			83 L	720 Harrison Street, Suite 6CW
1101	LITTOOD I E OOGO			0.5	
	•			84 City	Iollywood FL 85 Zip Code 33020
44	At 200 diam of Sections 607.05	502 and 607 1509t Electric Statutes	e the a	nove-named co	progration submits this statement for the purpose of changing its registered
office or r	egistered agent of both, in the State	e of Florida. Such change was aut	horized	by the corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I the eby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	pations of, Section 60710505, Flore	da Stati	ites.	. / /// / /
SIGNATURE	Signature, typed opprinted name of registered ag	perit and title if applicable (NOTE: F	Registered	Agent signature requ	uired when refinstating) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVS	☐ DELETE	1.1 11	TLE.	☐ Change ☐ Addition
NAME	KOTLER, JON ALLEN		1.2 NA	ME	
STREET ADORESS	4725 N FEDERAL HWY		1.3 ST	REET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CF	TY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 Π	TLE	☐ Change ☐ Addition
NAME	KOTLER, JON ALLEN		2.2 NA	ME	
STREET ADDRESS	, 4725 N FEDERAL HWY		2.3 \$1	REET ADORESS	
CITY-ST-ZIP	FT LAUDERDALE FL		_	TY-ST-ZIP	☐ Change ☐ Addition
TITLE		, DELETE	3.1 TT		Collegia C Magninus
NAME			3.2 N	ļ	
STREET ADDRESS	le	•	1	REET ADDRESS)	
C/TY-ST-ZIP	<u> </u>	☐ DELETE	3.4. C 4.1 TI	TY-ST-ZIP	☐ Change ☐ Addition
TITLE	li .		4.2N		_ , _
NAME STREET ADDRESS				REET ADDRESS	
STREET ADDRESS			•	TY-ST-ZIP	
TITLE	<u></u>	☐ DELETE	5.1 TI		Change Addition
NAME		,	5.2 N	1	
STREET ADDRESS		,	5.3 ST	REET ADDRESS	
CITY-ST-ZIP				TY-ST-ZIP	
TITLE		☐ DELETE	6.1 TI		. Change Addition
NAME			6.2 N	ME	•
STREET APPRESS	,	•	6.3 S	REET 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 estachment with an address, with all other like empowered.

4/9/99

954–925–8441 954-925-8441

SIGNATURE:

STREET ADDRESS

Jon-Allen Kotler, OR PRINTED NAME OF SIGNING OFFICER OR SIRECTOR

4/9/99 Date

Daytime Phone #

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90132 011 ***150.00