**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V46270**

1. Corporation Name

LICHTBLAU & GOLDENBERG, P.A.

Principal Place	of Business	Maii	ing Address									
631 US HIGHWAY ONE 631 US HIGHWAY O			JS HIGHWAY ONE									
SUITE 306			SUITE 306				DO NOT WRITE IN THIS SPACE					
NORTH PALM BEACH FL 33408			NORTH PALM BEACH FL 33408				3. Date Incorporated or Qualifed					
US			U\$				1 - 1					
			# - 11°				06/26/1992 4. FEI Number			Applied	LEOT	
2. Principal Pl	ace of Business	<u> </u>	Mailing Address				'		H		plicable	
21 -	<u></u>	26				<u>-                                      </u>	65-0341583		¢2.7	5 Addit		
Suite, Apt. i	#, etc.	$\vdash$	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Require	į	
22		27	-							<del></del> _		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
23 28							Trust Fund Contribution			eu to re	-	
Zip					ıry		8. This corporation owes the curren	t year inta	ingible ☐ Yes		اما	
24	25 29 30					Tersonal Tropolty Tox.						
	9. Name and Address of Curren	nt Registe	ered Agent	<del>-  </del>	u I	N	10. Name and Address of New Re	gistered A	Agent .			
001	DENIBERO OTHERE			10	31	Name					]	
GOLDENBERG, STUART E.					32	Street Addre	ess (P.O. Box Number is Not Acceptabl	e)	-,-			
631 US HIGHWAY ONE				L			47.					
	E 306			8	33		•					
N PA	ALM BEACH FL 33408			-	34	City	- 19-00		85	Zip Code	,	
				°	*	City		FL	'	-ip 000c	ĺ	
11 Pursuant	to the provisions of Sections 607 050	2 and 607	7.1508. Florida Statutes	s, the abo	ve-	-named corpo	oration submits this statement for the pu	rpose of	changing	its regi	stered	
office or re	paietored agent or both ID the State	of Florida	Such change was aut	inorizea i	วงเ	he corporatio	in's board of directors. I hereby accept t	he appoir	itment a	s registe	red	
agent. I ai	m familiar with, and accept the obliga	ations of, S	Section 607.0505, Flore	aa Statuti	es.							
SIGNATURE			ALOTE E	Panietored A	nent	eignoturo requirer	when reinstating)	DATE				
	Signature, typed or printed name of registered age		· · · · · · · · · · · · · · · · · · ·	13.	Harr	signature requires	ADDITIONS/CHANGES TO OFFIC		D DIRE	CTORS	IN 12	
12.		10 DIREC	☐ DELETE	1.1 1111.1	 F		ABBITIONS/CITATIONS	<u> </u>	☐ Chai		Addition	
TITLE	D .		DELETE	1.2 NAM					_	•		
NAME	LICHTBLAU, NEAL I.											
STREET ADDRESS	631 US HIGHWAY ONE			ł		ADDRESS	•					
CITY-ST-ZIP	N PALM BEACH FL			1.4 CITY		-ZIP			Chai	700 F	Addition	
TITLE	D		☐ DELETE	2.1 TITU					Lital	ige L	7 700111011	
NAME	goldenberg, stuart é.			2.2 NAM	E						{	
STREET ADDRESS	-631 US HIGHWAY ONE		<b>≁</b> =.	2.3 STR	EET.	ADDRESS	· · · · · · · · · · · · · · · · · · ·				- 1	
CITY-ST-ZIP	N PALM BEACH FL		_	2.4 CIT	Y-ST	r-ZIP						
TITLE			☐ OELETE	3.1 TITU	E		•		☐ Cha	nge [	] Addition	
NAME				3.2 NAM	E							
STREET ADDRESS				3.3 STR	EET.	ADDRESS					j	
CITY-ST-ZIP	•			3.4. CIT	Y-ST	r-zip						
TITLE			☐ DELETE	4.1 TITL		<u> </u>			Cha	nge [	Addition	
NAME				4, 2 NAM								
i						ADDRESS						
STREET ADDRESS												
CITY-ST-ZIP			☐ DELETE	4.4 CITY 5.1 TITL		- 211"			Cha	nge Γ	Addition	
TITLE				5.1 HILL			•			-	_	
NAME						ADDRESS						
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP _			F**	5.4 CITY		-217				- г	Addition	
TITLE			☐ DELETE	6.1 TITL					☐ Cha	nge L	_ Addition	
NAME				6.2 NAV	Œ	1						

14. I hereby certify that the information adplied with this filing doce 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 supplementarion 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 receipt 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 changes, or or an attack that I am address, with all other like empowered. CNATURE REQUIRED

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-863-9100

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90092 037 \*\*\*150.00