

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90149 034 ***150.00

DOCUMENT # V52114

1. Corporation Name
FSA GROUP, INC.



Principal Place of Business

2999 NE 191ST ST.
SUITE 709
N MIAMI BEACH FL 33180

Mailing Address

2999 NE 191ST ST.
SUITE 709
N MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1992

4. FEI Number

65-0346032

Applied For
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 the current year intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 7501 PEMBROKE RD.

2a. Mailing Address

26 7501 PEMBROKE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PEMBROKE PINES, FL

City & State

28 PEMBROKE PINES, FL

Zip

33023

Country

25 USA

Zip

29 33023

Country

30 USA

9. Name and Address of Current Registered Agent

SATZ, STEPHEN M.
2999 NE 191ST ST
SUITE 803
MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7501 PEMBROKE RD

83

84 City

PEMBROKE PINES

FL

85 Zip Code

33023

I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

VP ☐ DELETE

SATZ, STEPHEN
610 OCEAN BLVD
N. MIAMI BEACH FL 33160

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

P ☐ DELETE

AVETRANI, JOSEPH
11020 SW 142ND CT
MIAMI FL 33186

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

2480 LINCOLN AVE
COCONUT GROVE, FL 33023

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)