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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V60794

JOEL H. FELDMAN, P.A.

FILED Feb 08, 1999 8:00am **Secretary of State**

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Principal Place of Business	Mailing Address		- I TODEL DIEDIO DIIEL DESIGNADIO CORE ESDA DI	I DIÚ BYÐIR ÐIÐU ÐIÐU ÐIÐU ÐIÐU ÐIÐUR HAÐR
4800 N.FEDERAL HWY.	4800 N. FEDERAL HWY.			are a -
SUITE D-207	D-207			
BOCA RATON FL 33431	BOCA RATON FL 33431 US		DO NOT WRITE IN T	HIS SPACE
	03		3. Date Incorporated or Qualifed 08/28/1992	ا ميان مارين ال
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0353291	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		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	Country	8. This corporation owes the current year	
24 25		30	Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Current	Registered Agent	- 81 Name	10. Name and Address of New Register	red Agent
FELDMAN, JOEL H.	· · · · · · · · · · · · · · · · · · ·	o I Name		
4800 N. FEDERAL HWY		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE D-207		83	· · · · · · · · · · · · · · · · · · ·	THE RELEASE VALUE OF STREET
BOCA RATON FL 33431			一直的影響的影響。	
		84 City	The same of the contract of th	Zíp Code
11. Pursuant to the provisions of Sections 607.0502	2 and 607.1508. Florida Statute	s. the above-named con	poration submits this statement for the purpose	e of changing its registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	of Florida. Such change was au	thorized by the corporati	ion's board of directors. I hereby accept the ap	pointment as registered
	ions of ascrott our rosos. Flori	da Statutes.		
SIGNATURE Signature, typed or printed name of registered agent			·	
j signature, typed or printed flame of registered agent	t and title it applicable. (NOTE: I	Registered Agent signature requir	ed when reinstating) **/: DATE	_
12. OFFICERS ANI		Registered Agent signature require 13.	ed when reinstating)"DATE ADDITIONS/CHANGES TO OFFICERS	
			ADDITIONS/CHANGES TO OFFICERS	
TITLE DP FELDMAN, JOEL H.	D DIRECTORS	13.		AND DIRECTORS IN 12
TITLE DP FELDMAN, JOEL H. STREET ADDRESS 4800 N. FEDERAL HWY., #D-20	D DIRECTORS	13. 1.1 π/LÉ	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
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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 supplied 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