


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

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90119 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 601864					
1. Corporation Name NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.					
Principal Place of Business 1645 Palm Beach Lakes Blvd. Suite 1200 West Palm Beach, FL 33401		Mailing Address 1645 Palm Beach Lakes Blvd. Suite 1200 West Palm Beach, FL 33401			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/31/1969 4. FEI Number 59-1280063 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent WHITE II, JOHN 1645 Palm Beach Lakes Boulevard Suite 1200 West Palm Beach, FL 33401				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	Yeager, Thomas J.				
STREET ADDRESS	1645 Palm Beach Lakes Blvd., #1200				
CITY-ST-ZIP	West Palm Beach, FL 33401				
TITLE	DAS	<input type="checkbox"/> DELETE			
NAME	Armour II, Alan I.				
STREET ADDRESS	1645 Palm Beach Lakes Blvd., #1200				
CITY-ST-ZIP	West Palm Beach, FL 33401				
TITLE	DVP	<input type="checkbox"/> DELETE			
NAME	Gerson, Gary N.				
STREET ADDRESS	1645 Palm Beach Lakes Blvd., #1200				
CITY-ST-ZIP	West Palm Beach, FL 33401				
TITLE	AVP	<input type="checkbox"/> DELETE			
NAME	Scott, Gregory L.				
STREET ADDRESS	1645 Palm Beach Lakes Blvd., #1200				
CITY-ST-ZIP	West Palm Beach, FL 33401				
TITLE	DAVP	<input type="checkbox"/> DELETE			
NAME	Pachman, Mark A.				
STREET ADDRESS	1645 Palm Beach Lakes Blvd., #1200				
CITY-ST-ZIP	West Palm Beach, FL 33401				
TITLE	AT	<input type="checkbox"/> DELETE			
NAME	Nason, Nathan E.				
STREET ADDRESS	1645 Palm Beach Lakes Blvd., #1200				
CITY-ST-ZIP	West Palm Beach, FL 33401				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	AT	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	James, Elaine Johnson				
1.3 STREET ADDRESS	1645 Palm Beach Lakes Blvd., #1200				
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401				
2.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	White II, John				
2.3 STREET ADDRESS	1645 Palm Beach Lakes Blvd., #1200				
2.4 CITY-ST-ZIP	West Palm Beach, FL 33401				
3.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	Lioce, Domenick				
3.3 STREET ADDRESS	1645 Palm Beach Lakes Blvd., #1200				
3.4 CITY-ST-ZIP	West Palm Beach, FL 33401				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gary N. Gerson, Vice President

02/25/99 (561) 686-3307

Date Daytime Phone #

CR2E034 (11/98)