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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **1999**DOCUMENT # 601864

1. Corporation Name

PK

NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Principal Place of Business 1645 Palm Beach Lakes Blvd. Suite 1200

Mailing Address 1645 Palm Beach Lakes Blvd.

Suite 1200

West Palm Beach, FL 33401

West Palm Beach, FL 33401

## FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90119 006 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed 12/31/1969

2. Principal Place of Business 2a. Mailing Addr						59-1280063				<u> </u>	Applied For
21		26					39-12800				Not Applicable
<del></del>	uite, Apt. #, etc. Suite, Apt. #, etc.					,	5. Certifcate of S	tatus Desired			75 Additional e Required
22	City & State City & State					-+	5 Fl				<del></del>
<b>⊢</b> , ′							6. Election Camp	•		•	00 May Be
23 28 70 70 70 70				Trust Fund Contribution Added to Fees  Country 8. This corporation owes the current year Intangible							
Zip	Country	Zip		iritry			•		rent year Int		<b>⊠</b> No
24 25 29 30							Personal Prop	_ <u>.`_</u>		☐ Yes	PINO
Name and Address of Current Registered Agent						1	0. Name and Ac	idress of New	Registered	Agent	
WHITE II, JOHN				81	Name						
1645 Palm Beach Lakes Boulevard				82 Street Address (P.O. Box Number is Not Acceptable)							
Suite 1200				83							
West Palm Beach, FL 33401										TT	7-0-4-
·					City				FL	85	Zîp 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		,									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  OATE											07000 111 40
12.	OFFICERS AND	<u> </u>	13.				ADDITIONS/CF	ANGES TO OF	FICERS AN		
TITLE	DP	☐ DELET	TE   1.1 TI	1.1 TITLE		TA				☐ Cha	nge
NAME	Yeager, Thomas J.		12 N	ME	,	Jame	s, Elaine	Johnson			
STREET ADDRESS	1645 Palm Beach Lakes Blvd., #1200		00   1351	REET	ADDRESS .	1645	Palm Bea	ch Lakes	Blvd.,	#12	:00
CITY-\$T-ZIP	West Palm Beach, FL	33401	1.4 CI	TY-ST	-ZiP	Wes <u>t</u>	Palm Bea	ch, <u>FL</u>	33401		
TITLE	DAS	☐ DELET	ΓE 2.1 TI	TLE	I	os				Cha 🗀	nge 🔲 Addition
NAME	Armour II, Alan I.		2.2 N	AME	J İ	√hite	e II, John	n			
STREET ADDRESS	1645 Palm Beach Lake	s Blvd., #12	2.3 5	REET.	ADDRESS 1	645	Palm Bead	ch Lakes	Blvd.,	#12	00
CITY-ST-ZIP	West Palm Beach, FL	33401		TY-ST			Palm Beac				
TITLE	DVP	☐ DELET				)T	i Dead			Cha	nge Addition
	Gerson, Gary N.		3.2 N				e, Doménio	ck			
NAME		o Rive #10	- 41						Blvd	#12	00
STREET ADDRESS	_ /				1645					.00	
CITY-ST-ZIP	West Palm Beach, FL			ITY-ST	ZZIP V	vest	Paim bead	CII, FL .	)J4UI	Cha	nge Addition
TITLE	AVP	☐ DELET	il il		Ì					∟) ∪na	ilde 🖂 Vaaigon
NAME	Scott, Gregory L.		4 2 N		İ						
STREET ADDRESS	1645 Palm Beach Lake	s Blvd., #12	200   43 ST	REET	ADDRESS						
CITY-ST-ZIP	West Palm Beach, FL			TY-ST	-ZIP	_		,			
TITLE	DAVP	☐ DELET	TE 5.1 TI	πE	1					Cha	nge 🔲 Addition
NAME	Pachman, Mark A.		5.2 N	AME	}						
STREET ADDRESS	1645 Palm Beach Lake		200 <b>5</b> .3 S1	REET.	ADDRESS						
CITY-ST-ZIP	West Palm Beach, FL		ll ll	TY-ST	ZIP						
TITLE	AT	☐ DELET	FE 61 TI	TLE						☐ Cha	nge
NAME	Nason, Nathan E.		6.2 N/	AME							
STREET ADDRESS	1645 Palm Beach Lake	s Blvd., #12	200 63S	REET.	ADDRESS						
CITY-ST-ZIP	West Palm Beach, FL		ll l	TY-ST	-ZIP						
	ertify that the information supplied with t		ify for the eve	motic	n stated	in Section	on 119 07/31/i) E	Inrida Statutes	I further cert	ify that I	the information

4. 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/**3**5/99 (561) 686-3307

32F034 (11/98)