Feb 25, 1999 8:00 am

Secretary of State

02-25-1999 90063 016 ***150.00

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

DOCUMENT # 611713

1. Corporation Name

CLVATT & BICHARDSON PA

CLIAIT	a monanoson, i a				
Principal Place	e of Business	Mailing Address		I IARIIA OTTO ITONI TINNI TINNI TINNI TINNI TINNI TIN	il Miffit Millit Biffit Miğit Staft (abi
1551 FORUM PLACE STE 300-C 300F WEST PALM BCH FL 33401 US 1551 FORUM PLACE STE 30 SUITE 300F WEST PALM BCH FL 33401 US			- C	DO NOT WRITE IN TH	IIS SPACE
1				02/08/1979	
2 Principal P	lace of Business	2a. Mailing Address	_	4. FEI Number	Applied For
	Form Place		aflece	59-1887555	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	6	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	Bear FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 334	Country J 9 25	Zip 29 3340 9 3	Country	This corporation owes the current year Personal Property Tax.	Intangible Yes No
24	9. Name and Address of Current		<u> </u>	10. Name and Address of New Register	ed Agent
			81 Name		,
CLYATT JR, SHELTON 1551 FORUM PLACE STE 300-C			82 Street Address (P.O. Box Number is Not Acceptable)		
WEST PALM BCH FL 33401			83		·
				<u> </u>	
			84 City	·	- '
l office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was autt	norized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE				ed when reinstation) DATE	
	Signature, typed or printed name of registered agent		egistered Agent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
	CLYATT JR, SHELTON	_ betere	1.2 NAME		
NAME	1551 FORUM PLACE #300-C		1.3 STREET ADDRESS		
STREET ADDRESS	W PALM BCH, FL 00000		1.4 CITY-ST-ZIP		
CITY-ST-ZIP	VD	DELETE	2.1 TITLE		Change Addition
NAME	RICHARDSON, KEVIN F		2.2 NAME	•	
STREET ADDRESS	1551 FORUM PLACE #300-C		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	W PALM BCH FL		2. 4 CITY-ST-ZIP		<u></u>
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		,
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	·	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	,	☐ Change ☐ Addition
NAME			5.2 NAME		

CITY-ST-ZIP 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

Addition

☐ Change