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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J62619

1. Corporation Name
KAREN A. GIEVERS, P.A.

Principal Place of Business	Mailing Address
% KAREN A. GIEVERS ~~44 W. FLAGLER STREET, SUITE 750~~ ~~MIAMI FL 33130~~	% KAREN A. GIEVERS ~~44 W. FLAGLER STREET, SUITE 750~~ ~~MIAMI FL 33130~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed	
21 524 E. College Ave	26 524 E. College Ave	03/18/1987	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For ☐ Not Applicable
22 #3	27 #3	59-2780013	
City & State	City & State	5. Certifcate of Status Desired ~~☒~~	**$8.75** Additional Fee Required
23 Tallahassee FLA	28 Tallahassee FLA	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ~~☒ No~~
24 32301 25 USA	29 32301 30 USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
GIEVERS, KAREN A. ~~44 W. FLAGLER STREET~~ ~~SUITE 750~~ ~~MIAMI FL 33130~~	81 Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	524 E. College Ave
	83	#3
	84 City	Tallahassee FL 85 Zip Code 32301

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. effective March 1, 1999

SIGNATURE _____ 1/21/99
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GIEVERS, KAREN A.		1.2 NAME		
STREET ADDRESS	~~44 W. FLAGLER ST., #750~~ 524 E. College Ave		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~ Tallahassee 32301		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
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		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 #