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 # P9200001905

DR. CLAYTON ROTH, P.A.

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90073 039 ***150.00



Principal Place	e of Business	Mailing Address			
900 N.W. 13TH ST. 900 N.W. 13TH ST. SUITE 303 SUITE 303 BOCA RATON FL 33486 BOCA RATON FL 33		SUITE 303		DO NOT WRITE IN THIS SPACE	
		BOOM BATON PL 33400		Date Incorporated or Qualifed	
				11/04/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0473109	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		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 Ir	ntangiple
24	25	29 30		Personal Property Tax.	¥ Yes □ No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered	Agent
HOFFMAN, STEPHEN V			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
2750 N. FEDERAL HWY.				,	
FOR	T LAUDERDALE FL 33306		83		
			84 City	FI	L 85 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the obline.	0502 and 607.1508, Florida Statutes, ate of Florida. Such change was auth igations of, Section 607.0505, Florida	the above-named co orized by the corpora Statutes.	rporation submits this statement for the purpose oution's board of directors. I hereby accept the appe	ointment as registered
SIGNATURE	Malas	The part of	22	ONTE -	26-99
 -	Signature, two or printed name of possiblered	AND DIRECTORS (NOTE: Re-	gistered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO CIT TOERCY	☐ Change ☐ Addition
NAME	ROTH, CLAYTON	_	1.2 NAME		i
STREET ADDRESS	900 N.W. 13TH ST., SUITE	303	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486	,,,,	1.4 CITY-ST-ZIP		
TITLE	BOOK IMIONIE 00400	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CiTY-ST-ZIP		Ì
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		1
CITY ST 71D			3.4 CITY-ST-ZIP		,

6.4 CITY-ST-ZIP CITY-ST-ZIP 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.

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

☐ DELETE

☐ DELETE

Change

☐ Change

Change

Addition

☐ Addition

Addition