


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

**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90023 032 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

**DOCUMENT # P93000029531**

1. Corporation Name  
**DEBORAH MORDECAI EDWARDS, P.A.**



Principal Place of Business Mailing Address

~~2008 DOUGLAS ROAD~~ ~~MIAMI BEACH, FLORIDA~~  
~~SUITE 201~~ ~~MIAMI BEACH, FLORIDA~~  
~~CORAL GABLES, FL 33133~~ ~~MIAMI BEACH, FLORIDA~~  
~~MSX~~ ~~33133~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/20/1993**

2. Principal Place of Business 2a. Mailing Address

21 4960 S.W. 72 AVENUE 26 4960 S.W. 72 AVENUE  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 301 27 301  
 City & State City & State  
 23 MIAMI, FLORIDA 28 MIAMI, FLORIDA  
 Zip Country Zip Country  
 24 33155 25 U.S.A. 29 33155 30 U.S.A.

4. FEI Number Applied For  
**65-0412097** Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**EDWARDS, DEBORAH M**  
~~2908 DOUGLAS ROAD~~ 4960 S.W. 72 AVENUE  
~~SUITE 201~~ SUITE 301  
~~CORAL GABLES, FL 33134~~ MIAMI, FLORIDA 33155

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSD <input type="checkbox"/> DELETE
NAME	EDWARDS, DEBORAH M - 4960 S.W. 72 AVE.
STREET ADDRESS	<del>2908 DOUGLAS ROAD</del> SUITE 301
CITY-ST-ZIP	<del>CORAL GABLES, FL</del> MIAMI, FLORIDA 33155
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

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: *Deborah M. Edwards*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Deborah M. Edwards, President**

Date **3-23-99** Daytime Phone # **(305) 442-2249**

CR2E034 (11/98)