PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000033985

1. Corporation Name

MARK G. USDIN, P.A.

Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90044 042 ***150.00



Principal Place of Business Mailing Address						\ \	FOLET BILL 1891
1301 RIVERPLACE BLVD 1301 RIVERPLACE BLVD			/n				
SUITE 2610	OC BETD	SUITE 2610					
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207				DO NOT WRI		TE IN THIS SPACE	
US US					3. Date Incorporated or Qualifed		
					05/05/1994		
2. Principal Pl	San Marco Blvd	2a. Mailing Address	an Mai	rco Blue	4. FEI Number 59-3242680	<u> </u>	oplied For ot Applicable
Suite. Apt.		Suite, Apt. #, etc	nuille,	FL	5. Certificate of Status Desired	11	Additional equired
City & State	e _	City & State	1		6. Election Campaign Financing	- \$5.00	May Be
23 372	07	28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the cur	rent year Intangible	 _
24	25	29 3220	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered Agent	
			1	Name	din. Mark G.		ĺ
USDIN, MARK G				32 Street Add	Iress (P.O. Box Numbers Not Accept	able) To	
1301 RIVERPLACE BLVD				" 19a	o San Marco	Blvd	
SUITE 2610				13			
JACKSONVILLE FL 32207			-	14 63		es Zin	Codo
			`	14 City	cksonville	FL 85 Zip	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida S	Statutes, the abo	ove-named corp	poration submits this statement for the	purpose of changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change v	vas authorized t 5. Florida Statut	by the corporati	ion's board of directors. I hereby acce	pt the appointment as re	egistered
Ť	Tit tatilitat with, and decept the obligant	, October 507.5000	o, rionas otalas				1
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Registered A	gent signature require	ed when reinstating)	DATE	j
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	ORS IN 12
TITLE	D	☐ DELET	Έ 1.1 TIπ.	E .		Change	Addition
NAME	USDIN, MARK G		1.2 NAM	E		- · · · /	}
STREET ADDRESS	1301 RIVERPLACE BLVD, SUITE	2610	1.3 STR	EET ADDRESS	920 San Marco	BIVO	Į
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY	-ST-ZIP	920 San Marco Tacksonville, FL	32207	_ (
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NAME				EET ADDRESS			
STREET ADDRESS			6.4 CITY]
CITY-ST-ZIP			0.4 GH Y	-01-41			

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: