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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P9500001111 1. Corporation Name

JAMES J. DONOVAN, C.P.A., P.A.

Principal Place of Business

Mailing Address

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90090 048 ***150.00



6040 Lake W OI Lake Worth F		6040 LAKE WORTH ROAD LAKE WORTH FL 33463					De	O NOT W	RITE IN	THIS S	SPACE		
							3. Date In 01/05	corporated /1995	or Qualife	d			
2. Principal Place of Business 2a. Mailing Address								riber					Applied For
27 3 <i>83</i> 0	o Joan Kol	26 3830 UC	7	F	\mathcal{L}		65-05	51904					Not / pplicable
Suite, Ap : #, etc. Suite, Apt. #, etc. 27							5. Certifca	e of Statu	s Desired				Additional Required
City & State Worth Fla, 28 Lake Wor					In Fla.			n Campaigr und Contrib		9 🗆			May Be d to Fees
Zip 3 2 1	6 25 USA	29 33467 30	Con	htry)Si	<u> </u>		Person	rporation of	Tax.	· · · · · · · · · · · · · · · · · · ·		☐ Yes	<u> </u>
<u> </u>	9. Name and Address of Current	Registered Agent		04			10. Name	and Addre	ss of Nev	v Regist	erec A	gent	
DOM.	OVANI IAMES I			81	Name								
DONOVAN, JAMES J —6040 LAKEWORTH ROAD 3830 Sog Rd, LAKE WORTH FL 33463 33467					Street Ad	dc res	s (P.O. Box	Number is	Not Acce	ptable)		-	
LANC	10milite 40400 35467			83									
					City						Fl.		p Co le
office or ri	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth	ionzed	i by tr	named co ne corpora	or oora ration's	ition submit s board of c	s this state li ectors. I l	ment for to nereby acc	he purpo cept the	se o c appcin	hanging tment as	its registered registered
SIGNATURE											TE		
	Signature, typed or printed name of registered agent a		<u> </u>	Agent :	signature req	dnit ed mi	nen reinstating)	Jeichan	GES TO (DA		DIREC	TORS IN 12
12.	OFFICERS AND	DELETE	13.	n e			ADDITIC	J 43/CI IAIN	GES TO	<u> </u>	10 / 10	Chang	
TITLE	PONOVAN (AMEC)	_ vace it	1.2 NA										
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CITY-ST-ZIP			6.4 CI	TY-ST-	ZIP _		_						
			_					TIC YELL TIME					

14. Thereby certify that the information supplindicated on this annual report or supple officer or director of the corporation of the Block 12 or Block 13 if changed, or or the supplied of the corporation of the supplied o es not qualify for the exemption stated in Section 119.07(\$)(i), Florida Statutes. I further ce tify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to the this report as required by Chapter 607, Florida Statutes; and that πιγ name appears in the true tike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR