COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

2a. Mailing Address

26

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

OCUMENT # P96000002912

SUSSMAN LAW GROUP, P.A.

Principal Place of Business

incipal Place of Business Mailing Address 175 JACKSON ST P.O. BOX 21105 TE 201 TAMPA FL 33622 ORT MYERS FL 33901

FILED Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90012 050 ***550.00

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DO NOT WRITE IN THIS	SPACE
Date Incorporated or Qualified	
01/09/1996	
4. FEI Number	Applied For
59-3356583	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. C 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 Country Zip Country Zip This corporation owes the current year 30 Yes 29 Intangible Personal Property. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SUSSMAN, DOV 82 Street Address (P.O. Box Number is Not Acceptable) 1375 JACKSON ST STE 201 83 FT MYERS FL 33901 Zip Code 84 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE				
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
\Box	PDEC DELETE	1.1 TITLE	· Change Addition	
: \	SUSSMAN, DOV	1.2 NAME		
ET ADDRESS	1375 JACKSON ST, STE 201	1.3 STREET ADDRESS		
ST-ZIP	FORT MYERS FL 33901	1.4 CITY-ST-ZIP		
	DELETE	2.1 TITLE	Change Addition	
:		2.2 NAME		
ET ADDRESS		2.3 STREET ADDRESS		
ST-ZIP		2.4 CITY-ST-ZIP		
	- DELETE	3.1 TITLE	Chānge Addition	
: '-	* •	3.2 NAME		
ET ADDRESS		3.3 STREET ADDRESS		
ST-ZIP	_	3.4 CITY-ST-ZIP		
	DELETE	4.1 TITLE	Change Addition	
: }		4.2 NAME	İ	
ET ADDRESS		4.3 STREET ADDRESS		
ST-ZIP		4.4 CITY-ST-ZIP	······································	
	DELETE	5.1 TITLE	Change Addition	
}		5.2 NAME		
:T ADDRESS		5.3 STREET ADDRESS	į	
ST-ZIP		5.4 CITY-ST-ZIP		
	DELETE	6.1 TITLE	Change Addition	
ł		6.2 NAME		
:T ADDRESS		6.3 STREET ADDRESS	`	
T-ZIP		6.4 CITY-ST-ZIP		

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 ndicated 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 in 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 attantinent with an address.

GNATURE

941 332 1911

CR2E034 (5/99)