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

FILED
Apr 28, 1999 8:00 am
Secretary of State
04-28-1999 90013 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P96000046212**

1. Corporation Name
PYSZKA, ~~DOUBERLEY,~~ BLACKMON, LEVY & SAVOLA, P.A.

Principal Place of Business	Mailing Address
~~2665 S BAYSHORE DR~~ ~~GRAND BAY PLAZA, 5TH FL~~ ~~MIAMI FL 33133~~ 14750 N.W. 77th Ct. #300 MIAMI LAKES, FL 33016	~~2665 S BAYSHORE DR~~ ~~GRAND BAY PLAZA, 5TH FL~~ ~~MIAMI FL 33133~~ 14750 N.W. 77th Ct #300 MIAMI LAKES, FL 33016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed	
21 14750 N.W. 77th Ct #300	26 14750 NW 77th Ct #300	05/31/1996	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For ☐ Not Applicable ☐
22	27	65-0671148	
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 MIAMI, FL.	28 MIAMI, FL.	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 Intangible Personal Property Tax. ☐ Yes ☐ No	
24 33016 25	29 33016 30		

9. Name and Address of Current Registered Agent

PYSZKA, GERARD E
2665 S BAYSHORE DR
GRAND BAY PLAZA, 5TH FL
MIAMI FL 33133

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: Phillip O. Blackmon — Phillip A. Blackmon — 4/22/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PYSZKA, GERARD	1.2 NAME	
STREET ADDRESS	2665 S BAYSHORE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DOUBERLEY, WILLIAM M	2.2 NAME	
STREET ADDRESS	2665 S BAYSHORE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BLACKMON, PHILLIP D JR	3.2 NAME	
STREET ADDRESS	~~2665 S BAYSHORE DR~~ 14750 N.W. 77th Ct #300	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33133~~ MIAMI LAKES, FL. 33016	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LEVY, BENJAMIN D	4.2 NAME	
STREET ADDRESS	~~2665 S BAYSHORE DR~~ 14750 N.W. 77th Ct #300	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33133~~ MIAMI LAKES, FL 33016	4.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SAVOLA, L H	5.2 NAME	
STREET ADDRESS	2665 S BAYSHORE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Phillip O. Blackmon — Phillip A. Blackmon — 4/22/99 — 305-512-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)