

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

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90081 039 ***150.00



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

PROFIT CORPORATION
ANNUAL REPORT
1999

DOCUMENT # P98000087086

1. Corporation Name
BARRY BANDLER, E.A., P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
9963 THREE LAKES CIR
BOCA RATON FL 33428-6207

Mailing Address
9963 THREE LAKES CIR
BOCA RATON FL 33428-6207

3. Date Incorporated or Qualified
10/09/1998

2. Principal Place of Business
21 []
Suite, Apt. #, etc.

2a. Mailing Address
26 []
Suite, Apt. #, etc.

4. FEI Number
65-0867312
Applied For
Not Applicable

22 []
City & State

27 []
City & State

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

23 []
Zip Country

28 []
Zip Country

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

24 [] 25 [] 29 [] 30 []

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

9. Name and Address of Current Registered Agent
BANDLER, BARRY
9963 THREE LAKES CIR
BOCA RATON FL 33428-6207

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|-------------------------|
| TITLE | PSTD [] DELETE | 1.1 TITLE | [] Change [] Addition |
| NAME | BANDLER, BARRY | 1.2 NAME | |
| STREET ADDRESS | 9963 THREE LAKES CIR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33428-6207 | 1.4 CITY-ST-ZIP | |
| TITLE | [] DELETE | 2.1 TITLE | [] Change [] Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | [] DELETE | 3.1 TITLE | [] Change [] Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | [] DELETE | 4.1 TITLE | [] Change [] Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | [] DELETE | 5.1 TITLE | [] Change [] Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: B. BANDLER SIGNATURE REQUIRED 4/29/99 561-470-9396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)