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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000040211

1. Corporation Name

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90124 030 ***150.00

	: H. THOMAS, III, P.A.				
Principal Place	e of Business	Mailing Address			HIL OTOTA OCTION WHEN WEND WAS TRAN
1600 C VISION DR. 4600 C VISION DR.					
PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL		33418			
us us			DO NOT WRITE IN TH	IIS SPACE	
				Date Incorporated or Qualifed	
				05/27/1994	
2. Principal P	Place of Business	2a. Mailing Address		.4. FEI Number	Applied For
21		26		65-0495778	Not Applicable
Suite, Apt. #, etc.		2 10000	5. Certificate of Status Desired	\$8.75 Additional	
		ON DRIVE		.Fee Required	
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip Country Zip		Country フトソ	8. This corporation owes the current year		
24 33418-41/025 29 33419-41/69			60)	Personal Property Tax.	Yes XNo
	9. Name and Address of Current	Registered Agent	04 1	10. Name and Address of New Registere	ad Agent
TUO	MAC WOODE H		81 Name		ĺ
THOMAS, WOODIE H		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	,	
	O-C VISION DR.		160.	3 VISION PRIVE	<i>-</i>
PAL	M BEACH GARDENS FL 33418		83		. , .
ن ا			84 City		. 85 Zip Code
•			F	L 133418-4110	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corpo	oration submits this statement for the purpose	of changing its registered
office or r	registered agent, or both, in the State of	of Florida. Such change was au	thorized by the corporation	on's board of directors. I nereby accept the app	pointinent as registered
í anentía	im familiar with, and accept the obligati	ons of Section 607.0505. Flori	da Statutes.		
_	im familiar with, and accept the obligati	ons of, Section 607.0505, Flori	da Statutes.		
agent. ra SIGNATURE	Im familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes. Registered Agent signature required	<u> </u>	
_		and title if applicable. (NOTE: I	da Statutes.	<u> </u>	AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signature required 13.	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
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SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND THOMAS, WOODIE H	and title if applicable. (NOTE: I	Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS 603 VISITAN DRN	AND DIRECTORS IN 12 Change □ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND THOMAS, WOODIE H 1600-C-VISION-DT.	and title if applicable. (NOTE: 1) D DIRECTORS	Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS 603 VISITAN DRN	AND DIRECTORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND THOMAS, WOODIE H 1699 C VISIGN DR. PALM BEACH GARDENS FL 33-	and title if applicable. (NOTE:) D DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS 603 VISITAN DRN	AND DIRECTORS IN 12 Change Addition 334/8-4110
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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 suppliemental 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 applicase, with all other like empowered.

SIGNATURE: