Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90114 049 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K13577

1. Corporation Name

GEORGE BEFELER, P.A.

Principal Place of Business Mailing Address						_ 	- C 1004 Bilk don 11000 Hilli dilih kodu 1004 Atom dibik dibih bidih diani diani
100 SE 2ND ST 150 W FLAGLE MIAMI FL 33131 US	r St. Museum Tower. #2701	150 W FLAC	100 SE 2ND ST SUITE 3700 150 W FLAGLER ST. MUSEUM TOWER. #2701 MIAMI FL 33131 US			ń	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/02/1988
2. Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For
21 26							65-0025554 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				\$8.75 Additional
27							5. Certificate of Status Desired Fee Required
City & State City & St			State				6. Election Campaign Financing 55.00 May Be
23 28				Country			Trust Fund Contribution Added to Fees
Zip Country Zip			(~	Country 30			8. This corporation owes the current year Intangible Personal Property Tax
	9. Name and Address of Currer			1			10. Name and Address of New Registered Agent
	5. Name and Address of Garles		94:	81	Na	me	
Befeler, George, ESQ.				82	015	oot Addro	ss (P.O. Box Number is Not Acceptable)
NATIONS BANK, 37 FLR			02	311	eet Addie	ss (F.O. Box Number is Not Acceptable)	
100 SE 2ND ST				83			
MIAI	Al FL 33131			84	Cit		85 Zip Code
							PL
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							
BIOINATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: R	legistered Agen	it signa	ture required	when reinstating) DATE
12.		D DIRECTORS	□ pereze	13.		 -	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE	Di .			1.1 TITLE			☐ Change ☐ Accident
NAME	BEFELER, GEORGE, ESQ.			1.2 NAME	r + DDD	F00	
STREET ADDRESS	100 SE 2ND AVE, #3700			1.3 STREET		ESS	
CITY-ST-ZIP TITLE				1.4 CITY-ST-ZIP 2.1 TITLE		 	☐ Change ☐ Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET	T ADDR	ESS	
CITY-ST-ZIP				2, 4 CITY-S			·
TITLE		-	DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET	rdoa 1	ESS	
CITY-ST-ZIP				3.4. CITY-S	T- ZIP		
TITLE			☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME				4. 2 NAME		1	
STREET ADDRESS				4.3 STREET		ESS	
CITY-ST-ZIP			DELETE	4.4 CITY-S' 5.1 TITLE	T- ZIP		Change Addition
TITLE			C) DECEIE	5.1 TILE 5.2 NAME			
NAME expect appropries				5.3 STREET	T ADDR	ESS	
STREET ADDRESS				5.4 CITY-S			
CITY-ST-ZIP TITLE			DELETE	6.1 TITLE			Change Addition
NAME			-	6.2 NAME			
PEDELET ADDRESS				6.3 STREET	TADOR	ESS	•

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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR