

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90086 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 581360

1. Corporation Name
BOBO, SPICER, CIOTOLI, FULFORD, BOCCHINO, DEBEVOISE & LE CLAINCHE, P.A.

Principal Place of Business: 222 LAKEVIEW AVE, ESPERANTE, SIXTH FLOOR, WEST PALM BEACH FL 33401
 Mailing Address: 222 LAKEVIEW AVE, ESPERANTE, SIXTH FLOOR, WEST PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1978

4. FEI Number: 59-1839299 Applied For: Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: SPICER, DAVID W., 222 LAKEVIEW AVE, ESPERANTE, SIXTH FLOOR, WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	BOCCHINO, JOHN W 315 E ROBINSON ST STE 510 ORLANDO FL	1.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Bobo, A. Russell 222 Lakeview Ave 6th FL W Palm Beach FL
TITLE: D	LECLAINCHE, STEPHEN 222 LAKEVIEW DRIVE 6TH FLOOR W PALM BCH FL	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SD	CIOTOLI, EUGENE L. 222 LAKEVIEW AVE 6 FL W. PALM BCH. FL	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD	FULFORD, JEFFREY C. 222 LAKEVIEW AVE 6 FL W. PALM BCH. FL	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	DEBEVOISE, D.A. 315 E. ROBINSON ST., STE. 510 ORLANDO FL	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: _____ Date: 3/19/99 Daytime Phone #: 561/684-6600

CR2E034 (11/98)