

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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90010 009 \*\*\*150.00

DOCUMENT # 601300

1. Corporation Name

DEUSCHLE & ASSOCIATES, P.A.

Principal Place of Business

800 SE 3RD AVENUE  
SUITE 500  
FT. LAUDERDALE FL 33316  
US

Mailing Address

800 SE 3RD AVENUE  
SUITE 500  
FT. LAUDERDALE FL 33316  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1969

4. FEI Number

59-1363805

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

21 800 SE 3rd Avenue

Suite, Apt. #, etc.

22 Suite 400

City & State

23 Fort Lauderdale, FL

Zip

24 33316

Country

25 USA

2a. Mailing Address

26 800 SE 3rd Avenue

Suite, Apt. #, etc.

27 Suite 400

City & State

28 Fort Lauderdale, FL

Zip

29 33316

Country

30 USA

9. Name and Address of Current Registered Agent

DEUSCHLE, BRIAN C.  
DEUSCHLE & ASSOCIATE, P.A.  
800 SE 3RD AVENUE, SUITE 500  
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

Brian C. Deuschle, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

800 SE 3rd Avenue

83 Suite 400

City

Fort Lauderdale

FL

85 Zip Code

33316

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DEUSCHLE, BRIAN C.  
STREET ADDRESS 800 SE 3RD AVENUE, SUITE 500  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE S ☐ DELETE

NAME CRAVEN, KATHRYN R.  
STREET ADDRESS 800 SE 3RD AVENUE, SUITE 500  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME DEUSCHLE, Brian C.  
1.3 STREET ADDRESS 800 SE 3rd Avenue, Suite 400  
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33316

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME CRAVEN, Kathryn R.  
2.3 STREET ADDRESS 800 SE 3rd Avenue, Suite 400  
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33316

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (1/98)