

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 602481

1. Corporation Name

DUNN AND JOHNSON, P.A.

Principal Place of Business

**4770 BISCAYNE BLVD.
SUITE 980
MIAMI FL 33137
US**

Mailing Address

**4770 BISCAYNE BLVD.
SUITE 980
MIAMI FL 33137
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1970

4. FEI Number

59-1306424

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. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**DUNN, IRVING E
10185 COLLINS AVE
BAL HARBOUR**

10. Name and Address of New Registered Agent

81 Name

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

83 City

84 State

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

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 **DUNN, IRVING E**
STREET ADDRESS **4770 BISCAYNE BLVD, #980**
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ DELETE

NAME **JOHNSON, THOMAS C**
STREET ADDRESS **4770 BISCAYNE BLVD, #980**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ 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, and 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.

SIGNATURE

[Signature]

7/7/99

305 570-9076

CR2E034 (5/99)

FILED
JUL 12 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUNN & JOHNSON, P.A.

ATTORNEYS AT LAW

BAY POINT OFFICE TOWER

4770 BISCAYNE BOULEVARD, SUITE 980

MIAMI, FLORIDA 33137

TELEPHONE (305) 576-9076

FACSIMILE (305) 576-0206

IRVING E. DUNN, P.A.
THOMAS C. JOHNSON, P.A.
STEVEN M. DUNN

WILLIAM A. HELLER, ESQ.
OF COUNSEL

ROBERT D. DUNN, ESQ.
OF COUNSEL

ALBERT A. MALOOF
FIRM ADMINISTRATOR
GOVERNMENT AFFAIRS

WILLIAM F. FABRA
PARALEGAL

July 8, 1999

Annual Reports Filings
Division of Corporations
P.O.Box 6327
Tallahassee, Florida 32314

Document No.602481
Dunn and Johnson, P.A.

To whom it may concern:

Please be advised that this payment was mailed out on April 8th, 1999. Attached are copies of several letters from different companies advising us of not receiving our payments.

Please accept this as proof that we did mail out our payment on a timely manner. We have filed another claim to the post office indicating you did not receive our first check no. 21883.

Thank you for your consideration in this matter.

Very truly yours,


Sandra Dunn,
Office manager

Encls.

NOTE: USE BALLPOINT PEN AND PRESS DOWN FIRMLY: LAST 2 COPIES MUST BE LEGIBLE.

- | | |
|---|---|
| <p>1. Use this form only for ordinary and certified mail. Use Form 3812, Request for Payment of Domestic Postal Insurance, to report loss or rifling of COD and domestic insured mail. Use Form 565, Registered Mail Application for Indemnity/Inquiry, to report loss or rifling of domestic registered mail.</p> <p>2. Be sure all applicable items in Part II are completed.</p> <p>3. Send Parts II-D and II-E immediately to the Regional Chief Inspector.</p> | <p>4. If complaint indicates rifling, obtain envelope or wrapper (if possible) and forward it with the Form 1510 to the Regional Chief Inspector.</p> <p>5. If the complaint is made at stations or branches, send the remaining parts of the form to the main office, Claims and Inquiry Section.</p> <p>6. Information outlining the processing of this form is contained in Section 254.2 of the Postal Operations Manual.</p> |
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(Remove This Portion Before Mailing)

Part I

Postal Customer:

The sender of the article described below has made an inquiry regarding delivery of the item. The article was not located at the mailing office. Therefore, we are contacting you to determine if the article has been delivered. Please indicate below if the article has been received. Return the form in the enclosed PREADDRESSED ENVELOPE WHICH REQUIRES NO POSTAGE. Your response will assist the Postal Service in providing improved service. PLEASE RETURN BOTH PARTS I AND II-A.

THANK YOU

The Article Was:	Date of Reply	Signature of Addressee or Agent
<input type="checkbox"/> Received (Date if known) _____ <input type="checkbox"/> Not Received <input type="checkbox"/> Refused		
Remarks		

PS Form 1510, April 1992

Part II-A

U.S. Postal Service Mail Loss/Rifling Report					
1. Complaint Date 5/26/99		2. Office Accepting Complaint (City and State) Buena Vista Branch, Miami FL		3. Complaint <input checked="" type="checkbox"/> Loss <input type="checkbox"/> Rifling	
4. Article Was Mailed By a. Name Dunn + Johnson, P.A. b. Return Address As On Article Mailed 4770 Biscayne Blvd Ste 980 c. City Miami d. State FL e. ZIP+4 33137-3251			5. Article Was Addressed To a. Name The Wells + Drew Co. b. Address As On Article Mailed P.O. Box 10554 c. City Jacksonville d. State FL e. ZIP+4 32247		
f. Day Telephone Number (Include Area Code) 305 445-1552			f. Day Telephone Number (Include Area Code) 305 445-1552		
6. Article Was Mailed a. Date Month 4 Day 8 Year 99 b. Time 5:00 PM c. AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>			7. Article Was Sent <input checked="" type="checkbox"/> First-Class <input type="checkbox"/> Parcel Post <input type="checkbox"/> Other (Specify) _____		8. Type of Mail <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Parcel <input type="checkbox"/> Other (Specify) _____
9. Special Services <input type="checkbox"/> Special Handling <input type="checkbox"/> Special Delivery <input type="checkbox"/> Certified No. _____ <input type="checkbox"/> Return Receipt for Merchandise No. _____					
10. Place of Mailing <input type="checkbox"/> Main Post Office <input type="checkbox"/> Station or Branch <input type="checkbox"/> Contract Station <input checked="" type="checkbox"/> Collection Box <input type="checkbox"/> Residence or Business			Name and/or Address of Location Checked 4770 Biscayne Blvd City and State of Location Checked Miami, FL ZIP+4 for Location Checked 33137-3251		
11. Contents of Article (Describe in detail, size, color, brand name, serial no., and amount, etc.) STATE MENT ON ACCOUNT 36450, 36035, 36449 CHECK # 218108 36550					12. Value \$346.14