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 Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90015 023 ***150.00

DOCUMENT #	602489
4 Corporation Name	~~~·~~

GERALD	SOHN, P. A.							
					A FEBRUA BANK BERNA ARAW BARBA BANK BANK BANK BARBA	MANI ANDIN I	(<u>))) </u>	(1 1)
Principal Plac	e of Business	Mailing Address			1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. '	·	PIECC INEC
421 W CHURC		421 W CHURCH ST				•		
JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 US US			DO NOT WRITE IN THIS SPACE					
US		00			3. Date Incorporated or Qualifed			
					10/27/1970			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied	
11		26			59-1349792	<u> </u>		plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		'5 Addit a Require	
City & Stat		City & State			6. Election Campaign Financing	~_\$5.	<u> </u>	
23	ie.	28		,	Trust Fund Contribution		led to Fe	
Zip	Country		Country		8. This corporation owes the current year In	ntangible		
4	25	29 30			Personal Property Tax.	☐ Yes	<u> </u>	46
<u></u>	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	d Agent		
	IN OCHU D		81	Name				
	IN,GERALD		82	Street Add	iress (P.O. Box Number is Not Acceptable)			
	WEST CHURCH STREET							
JAC	KSONVILLE FL 32202		83	}				
			84	City	Fi	85	Zip Code	e
				<u> </u>	poration submits this statement for the purpose of		a ite regi	istered
SIGNATURE	Signature, typed or printed name of registered ag			nt signature requir	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	NO DIRE	CTOPS	IN 17
12. TILE	PD OFFICERS A		13. .1 TITLE	———	ADDITIONS/CHANGES TO OFFICERS A	☐ Cha		Addition
NAME	SOHN,GERALD		.2 NAME					
STREET ADDRESS	AGAD TIDED LANE	j ,	.3 STREET	TADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL	1.	A CITY-S	T- ZIP				
TITLE		☐ DELETE :	1 TITLE			☐ Cha	nge [Addition
NAME)	1:	.2 NAME					
STREET ADDRESS		12	3 STREET	TADDRESS				
CITY-ST-ZIP			.4 CITY-S			Ciche] Addition
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NAME	1		2 NAME					
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··· ST ZIP								
	1		4 CITY-S	T- ZIP				Ad-22:
_	1	☐ DÉLETE	.1 TITLE	T-ZIP		Cha	nge [Addition
		☐ DÉLETE 6	.1 TITLE .2 NAME			Cha	nge [Addition
T ADDRESS		☐ DELETE 6	.1 TITLE .2 NAME	TADDRESS		☐ Cha	nge [Addition

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