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 25, 1999 8:00 am Secretary of State

02-25-1999 90012 013 ***150.00

DOCL	JMENT	#	6006	70
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1. Corporation Name

MELVIN AND MELVIN, P.A.

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Principal Place	e of Business	Maili	ng Address				BIT WINTE DINES NINCH B	E) U\U\\ 1981
3101 N. FEDER		3101	N. FEDERAL HIGHWAY					
STE 602		STE 8				DO NOT WOITE IN T		
FORT LAUDERD	DALE FL 33306	_	LAUDERDALE FL 3330	6		DO NOT WRITE IN THE	HIS SPACE	
US		US				3. Date Incorporated or Qualifed		
- B			failing Addross	_ .·		12/04/1970 4. FEI Number	TAN	lied For
- -	face of Business	<u> </u>	Mailing Address			59-1308933	<u> </u>	Applicable
Suite, Apt.	# ata	26	uite, Apt. #, etc.				\$8.7.5 A	
22	#, etc.	27	ыно, г.р.: и, ою.			5. Certifcate of Status Desired	Fee Re	
City & Stat	18		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	· .
Zip	Country		ip	Country	,	8. This corporation owes the current year	Intangible	
24	25	29	3	0		Personal Property Tax.	□Yes	Pł No
	9. Name and Address of Currer	nt Register	red Agent			10. Name and Address of New Register	ed Agent	
				81	Name	•		
	AAEL W MELVIN			82	Street Ad	idress (P.O. Box Number is Not Acceptable)		
	N. FEDERAL HIGHWAY							
STE				83				
FTL	AUDERDALE FL 33306			84	City		. 85 Zip C	ode
				i	*		- L `	_
11, Pursuant	to the provisions of Sections 607.050	2 and 607	.1508, Florida Statutes	, the abov	e-named co	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its	egistered
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. itions of, S	ection 607.0505, Florid	la Statutes	in e corpora i.	ation's goald of directors. I hereby accept the ap	positificità do rog	
SIGNATURE						_		
	Signature, typed or printed name of registered ager		<u></u>		nt signature requ	tired when reinstating) DATE		20 11 40
12.	OFFICERS AN	ID DIRECT		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	Addition
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NAME				1.2 NAME				
	MELVIN, MICHAEL W			1	}			
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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 of trustee employered 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 address, with all other like empowered.

SIGNATURE:

BY SALE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99_

954-565-9513

R2E034 (11/98)