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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 604483

1. Corporation Name

EDWARDS, EDDLEMAN, ROBERTS, AQUINO, BEATTIE, ROD RIGUEZ, ROMEAR AND ROGERS INFANTS AND CHILDREN P

May 08, 1999 8:00 am Secretary of State

05-08-1999 90020 016 ***150.00



| | | | | | | | - |
|------------------------|---|---------|------------------------|----------------|--------|-----------------------|---|
| Principal Place | e of Business | N | lailing Address | | | | |
| 2311 N. FLAGLER DR | | | 2311 N. FLAGLER DR | | | | |
| W. PALM BEACH FL 33407 | | | W. PALM BEACH FL 33407 | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | | 3. Date Incorporated or Qualifed |
| | | | | | | | 06/26/1973 |
| 2. Principal P | lace of Business | 2a | , Mailing Address | | | | 4. FEI Number Applied For |
| | 11 NO. TRAGRENDA | 26 | Same | | | | 59-1448429 Not Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired S8.75 Additional |
| 22 | | | 7 | | | | 5. Certificate of Status Desired |
| City & State | | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | | 28 | | | | Trust Fund Contribution Added to Fees |
| Zip | Country | ļ | Zip | Con | intry | | 8. This corporation owes the current year Intangible |
| 24 | 25 | 29 | | 30 | | | Personal Property Tax. Yes No |
| | 9. Name and Address of Curren | t Regi | stered Agent | | 81 | Name | 10. Name and Address of New Registered Agent |
| FNA | /ARDS, CHARLES G. MD | | | | 61 | _ | |
| 2311 N FLAGER DR. | | | | | | Street Addre | ss (P.O. Box Number is Not Acceptable) |
| W. PALM BEACH FL 33407 | | | | | 83 | | |
| *** | | | | | 00 | | |
| | S INTE | | | | 84 | City | FL 85 Zip Code |
| - | 60 4 000 | 2 4 | 007 4500 Florido Ctoto | 4 th- o | | | oration submits this statement for the purpose of changing its registered |
| office or t | registered agent, or both, in the State of manifest with, and accept the obligation | of Flor | ida. Such changé was a | authorized | d bv | the corporation | n's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | | | WAMES H. | BEA | #1 | EM.D. | V.r. 2/2495 |
| | Signature, typed or printed name of registered agen | | | | 1 Agen | nt signature required | |
| 12. | OFFICERS AN | D DIR | ECTORS DELETE | 13. | T. C | - lo | PADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD CHARLES C | | Ü pereje | 1.1 TI | | KC | OFILS YAMENA) |
| NAME | EDWARDS, CHARLES G. | | | 1.2 N | | رد ا | 311 NO. FLAGIER DR. |
| STREET ADDRESS | 2311 N. FLAGLER DR | | | | | TADORESS V | ICST PAPM BCA. TE. |
| CITY-ST-ZIP | W. PALM BEACH FL | | ☐ DELETE | 14 C 2.1 TI | ITY-S | T-ZIP 1 | P Change Addition |
| TITLE | VD | | | | | 1 % | YDA RODNISHEZ DO |
| NAMÉ | EDDLEMAN, ROBERT W. | | | 2.2 N | | | SII NO TRAGIENTIL |
| STREET ADDRESS | 1 - | | | | | TADDRESS 2 | West PAPM ACA. H 33 407 |
| CITY-ST-ZIP | W. PALM BEACH FL | | DELETE | 2. 4 C | ITY-S | ST-ZIP YYP | Change Addition |
| TITLE | DODEDTO FADI. I | | O DECETE | 3.1 N | | ļ. <i>ļ</i> | 41\M 1 144M E1 0 7 //TM (|
| NAME | ROBERTS, EARL J. | | | | | TADDRESS 3 | 23/1 1/0. SECULIER SI. |
| STREET ADDRESS | | | | | | TADDRESS // | 1. After Del. 33407 |
| CITY-ST-ZIP | W. PALM BEACH FL | | DELETE | 3.4. C | | ST-ZIP U | Change ☐ Addition |
| TITLE | SD ACHING CADIOS | | | | IAME | | |
| NAME. | AQUINO, CARLOS | | | | | TADODECC | |
| STREET ADDRESS | 1 | | | | | T ADDRESS | |
| CITY-ST-ZIP | W. PALM BEACH FL | | DELETE | 5.1 T | ITY-S | 1-ZiP | Change Addition |
| TITLE | Ab boneyb bonyi u nu | | C; DELETE | 5.1 N | | | 3.00 3. |
| NAME | ROMEAR, RONALD MD | | | | | TADDRESS | |
| STREET ADDRESS | | | | 1 | TY-S | ì | |
| CITY-ST-ZIP | W. PALM BCH FL | | DELETE | 5.4 C | | - | ☐ Change ☐ Addition |
| TITLE | VP | | ☐ nereig | 6.2 N | | | Oriange Addition |
| NAME | BEATTIE, JAMES H | | | | | TADDDECC | |
| STREET ADDRESS | 2311 NO. FLAGLER DR. | | | 6.3 S | IKEE | TADDRESS | |

6.4 CITY-ST-ZIP W. PALM BEACH FL 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: