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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90046 012 ***150.00

DOCUMENT # 604949

1. Corporation Name

DIVINE, BLALOCK, MARTIN & SELLARI, PROFESSIONAL **ASSOCIATION**

Principal Plac	e of Business	Mailing Address					
560 VILLAGE B	BLVD SUITE 335	560 VILLAGE BLVD SUITE 335	;				
WEST PALM BEACH FL 33409 WEST PALM BEACH FL 334)	DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed		
					01/15/1974		
2 Principal S	Place of Business	2a. Mailing Address			4. FEI Number		pplied For
·	Tace of Eusiness	26			59-1498723		lot Applicable
21 Suite, Apt.	# etc	Suite, Apt. #, etc.		***************************************	_	\$8.75	Additional
22		27		5: Certificate of Status Desired		Required	
City & Star	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23	,	28			Trust Fund Contribution		I to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year li	ntangible	
24	25	29 30	5]		Personal Property Tax.	Yes	□No_
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	l Agent	
			81	Name			
MARTIN, G. MICHAEL			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
560 VILLAGE BLVD SUITE 335			02	Oli eet Add			
WES	ST PALM BEACH FL 33409	£	83				
ł				1		os 7in	Code
}	•		84	City	F	L 85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named corp	poration submits this statement for the purpose	of changing i	ts registered
Affica Ar	registered agent, or both, in the State of am familiar with, and accept the obligati	of Florida. Such change was auth	iorized by	ine comorati	ion's board of directors. I hereby accept the app	ointment as i	egistered
agent. Fa	am tamiliar with, and accept the obligati	ions of, Section 607.0505, Fiorida	a Statutes) -			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	aistered Age	nt signature requir	red when reinstating) DATE		
12.	OFFICERS ANI						
TITLE	BATR	טאוע כ וואבטיטאט כ	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
NAME	LDSIP	DELETÉ	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	
STREET ADDRESS	DSTP Martin G. Michael				ADDITIONS/CHANGES TO OFFICERS A		
CITY-ST-ZIP	MARTIN, G. MICHAEL		1.1 TITLE 1.2 NAME	T ADDRESS	ADDITIONS/CHANGES TO OFFICERS A		
, OH 110114	MARTIN, G. MICHAEL 560 VILLAGE BLVD #335		1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	MARTIN, G. MICHAEL 560 VILLAGE BLVD #335 WEST PALM BEACH FL 33409		1.1 TITLE 1.2 NAME 1.3 STREE		ADDITIONS/CHANGES TO OFFICERS A		Addition
	MARTIN, G. MICHAEL 560 VILLAGE BLVD #335 WEST PALM BEACH FL 33409 DV	☐ DELETÉ	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
NAME	MARTIN, G. MICHAEL 560 VILLAGE BLVD #335 WEST PALM BEACH FL 33409 DV SELLARI, GARY B	☐ DELETÉ	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
NAME STREET ADDRESS	MARTIN, G. MICHAEL 560 VILLAGE BLVD #335 WEST PALM BEACH FL 33409 DV SELLARI, GARY B 560 VILLAGE BLVD, #335	☐ DELETÉ	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	ST-ZIP TADORESS	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
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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 attactment and an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

ME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

☐ Addition