FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 27 1998 8:00am
Secretary of State

DOCUMENT # 605123   (9)

1. Corporation Name
DRS. GRAVES, JARED, GUZZO & CAVANAGH, P.A.

Principal Place of Business
2815 S. SEACREAST BLVD.
BOYNTON BEACH FL 33435

Mailing Address
2815 S. SEACREAST BLVD.
BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/16/1974

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-1509899** / Applied For / Not Applicable
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ / **$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ / **$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JARED, O ALAN MD 2815 S SEACREST BLVD BOYNTON BEACH, FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD ☐ DELETE NAME JARED, (O. ALAN) STREET ADDRESS 935 EMERALD ROW CITY-ST-ZIP GULF STREAM FL	1.1 TITLE *Director* ☐ Change ☒ Addition 1.2 NAME *Devoe, Lane A* 1.3 STREET ADDRESS *14468 S.W. 25th Ave, Unit D* 1.4 CITY-ST-ZIP *Boynton Beach, FL 33426*
TITLE SD ☐ DELETE NAME GRAVES, (DAVID B.) STREET ADDRESS 903 SW 28TH AVE CITY-ST-ZIP BOYNTON BEACH FL	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE D ☐ DELETE NAME DISTELL, BRUCE M STREET ADDRESS 8716 EAGLE RUN DR CITY-ST-ZIP OCEAN RIDGE FL	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE TD ☐ DELETE NAME CAVANAGH, RICHARD C. STREET ADDRESS 4134 SHELLDRAKE LANE CITY-ST-ZIP BOYNTON BEACH FL	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE SD ☐ DELETE NAME PHILLIPS, JOSEPH F. STREET ADDRESS 52 RIVER DRIVE CITY-ST-ZIP OCEAN RIDGE FL	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE D ☐ DELETE NAME ROONEY, STEVEN J. STREET ADDRESS 930 EMERALD ROW CITY-ST-ZIP GULF STREAM FL	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CR2E034 (10/97)

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.

SIGNATURE: *_____ Director*   1/13/98 (561) 737-7733   X4574