## R MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90012 039 \*\*\*150.00

DH. HICK	E. BHUNS, U.G., P.A.							
Principal Place	of Business	Mailing Address						
1140 S.E. 3RD A FT. LAUDERDAL	VENUE	1140 S.E. 3RD AVENUE FT. LAUDERDALE FL 33				DO NOT WRITE IN THIS SPACE		
,						3. Date Incorporated or Qualifed 03/11/1980	Anth	4 For
2. Principal Pla	ace of Business	2a. Mailing Address	_			4. FEI Number	Applied Not App	plicable
21	·	26				59-1861209	\$8.75 Addi	
Suite, Apt.	ŧ, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Requir	
22		City & State				6. Election Campaign Financing	\$5.00 Ma	
City & State		28				Trust Fund Contribution	Added to Fe	ees
Zip	Country	Zip	Cou	intry		This corporation owes the current Personal Property Tax.	year Intangible ☐Yes ☐	No .
24	25	29	30			10. Name and Address of New Reg	istered Agent	
	9. Name and Address of Curren	t Registered Agent	<del></del>	81 N	lame			1
   BRU	NS, RICK E., DR		:	1 1		ess (P.O. Box Number is Not Acceptable	e)	<del>.</del>
1140	SE 3RD AVENUE			Ш_		mess (F.O. Box Number to Not Account to the Control of the Control		
	AUDERDALE, FL			83				
3331				1 1	City		FL 85 Zip Cod	
,	. 11110 6 1					pration submits this statement for the pun's board of directors. I hereby accept to	DATE	
11. Pürsuant office or r agent. I a SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (ND DIRECTORS	NOTE: Registered	d Agent sig		when reinstating), ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS	IN 12
SIGNATURE	Signature, typed or printed name of registered ago OFFICERS AN	ent and title if applicable. (N	13.	d Agent sig		(when reinstating)	DATE CERS AND DIRECTORS	
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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 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: