## 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

Principal Place of Business	Mailing Address
70 S.E. 4TH AVENUE	70 S.E. 4TH AVENUE
DELRAY BEACH FL 33483-4514	DELRAY BEACH FL 33483-4514
US	U\$

## **FILED** Feb 12, 1999 8:00am **Secretary of State**

02-12-1999 90019 040 \*\*\*158.75

LAW OF	FICES OF ROGER G. SAB	ERSON, P.A.	· · · · · · · · · · · · · · · · · · ·			
Principal Place	e of Business	Mailing Address		E INDEFINA FILE AND DI HEND COLER ALLER DE COL	1011 G1911 \$1914 B1811 B1811 B1811 1081	
70 S.E. 4TH AV DELRAY BEACH US	/ENUE	70 S.E. 4TH AVENUE DELRAY BEACH FL 33483-451 US	14	DO NOT WRITE IN 1 3. Date incorporated or Qualifed	HIS SPACE	٦
				11/01/1980	•	
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For	٦,
21		26		59-2036524	Not Applicable	7
Suite, Apt.	#. etc. \$1.355	Suite, Apt. #, etc.			\$8.75 Additional	7 4
22		27		5. Certifcate of Status Desired	Fee Required	
City & State	8 (3) May 10	City & State		6. Election Campaign Financing	\$5.00 May Be	_
23	The second secon	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	29	n	Personal Property Tax.	☐ Yes ☐ No	
24	9. Name and Address of Curre		<u> </u>	10. Name and Address of New Registe	red Agent	
045			81 Name		· · · · · · · · · · · · · · · · · · ·	7
	erson, roger g 3. e. 4th avenue		. 82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	RAY BEACH FL 33483-1514		83	TO FIRST SAIDERAND	\$175. FT 131 CM \$19 181	ヿ
	7374			· · · · · · · · · · · · · · · · · · ·	到したも別ではも別り間に関	_
			84 City	to a first to the state of the	FI 85 Zip Code	
44 Durguant	to the provisions of Sections 607.05	502 and 607 1508 Florida Statutes	the above-named corr	poration submits this statement for the purpos	e of changing its registered	┪
office or r	egistered agent, or both, in the Stat	e of Florida. Such change was auth	horized by the corporati	poration submits this statement for the purpos ion's board of directors. I hereby accept the a	ppointment as registered	
ಟ್ಟ agent. Fa	m familiar with and accept the oblig	gations of, Section 607.0505, Fiorid	ia Statutes.	The April 1	and the same of the contraction of the same of the	
				A company of the contract of t		1 . :
SIGNATURE	A STATE OF THE STA		1	ed when reinstating) DATI	E	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: Re	egistered Agent signature requin		1.1701	(80)
SIGNATURE	Signature, typed or printed name of registered at OFFICERS A		egistered Agent signature require	ed when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:	1.1701	
SIGNATURE  12.	Signature, typed or printed name of registered at OFFICERS A	gent and title if applicable. (NOTE: Ro NND DIRECTORS	egistered Agent signature requin	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12	
12. TITLE	Signature, typed or printed name of registered at OFFICERS A PST SABERSON, ROGER	gent and title if applicable. (NOTE: Ro NND DIRECTORS	egistered Agent signature requin  13.  1.1 TITLE  1.2 NAME	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12	
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A PST SABERSON, ROGER 70 S. E. 4TH AVENUE	gent and title if applicable. (NOTE: Ro NND DIRECTORS	egistered Agent signature requint 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A PST SABERSON, ROGER 70 S. E. 4TH AVENUE DELRAY BCH, FL 00000	gent and title if applicable. (NOTE: Ro NND DIRECTORS	egistered Agent signature requin  13.  1.1 TITLE  1.2 NAME	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12	R2F034 (11
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered as OFFICERS A PST SABERSON, ROGER 70 S. E. 4TH AVENUE DELRAY BCH, FL 00000 PST	gent and title if applicable. (NOTE: Ri NO DIRECTORS	egistered Agent signature requin  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12.	R2F034 (11
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SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS APST SABERSON, ROGER 70 S. E. 4TH AVENUE DELRAY BCH, FL 00000 PST SABERSON, ROGER G 70 S. E. 4TH AVENUE DELRAY BEACH, FL 00000	pent and title if applicable. (NOTE: Ri NND DIRECTORS  DELETE  DELETE  DELETE	egistered Agent signature requir  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Addition  Addition	CR2FI034 (11)
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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**