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FILED
Feb 19, 1999 8:00 am
Secretary of State

0035372

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-19-1999 90006 001 ***150.00

DOCUMENT # **F18321**
 1. Corporation Name
ELIOT J. SAFER, P.A.



Principal Place of Business Mailing Address

~~3974 WOODCOCK DR STE 100 JACKSONVILLE FL 32207~~
~~3974 WOODCOCK DR STE 100 JACKSONVILLE FL 32207~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 **4925 Beach Blvd** 26 **4925 Beach Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 **Jacksonville FL** 28 **Jacksonville FL**
 Zip Country 29 **32207 US** 30 **32207 US**

3. Date Incorporated or Qualified
02/03/1981

4. FEI Number
59-2053249

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

SAFER, ELIOT J
3974 WOODCOCK DR STE 100
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
4925 Beach Blvd
 83 **Jacksonville FL**
 84 City
 85 State **FL** Zip Code **32207**

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)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PST	SAFER, ELIOT J	3974 WOODCOCK DR #100	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
		4925 Beach Blvd	Jacksonville FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Eliot J. Safer** **Eliot J. Safer** **1/2/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)