


Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F32892 (4) 1. Corporation Name JOSEPH F. PAPA, P.A.			
Principal Place of Business		Mailing Address	
1300 NORTH FEDERAL HWY. STE 107 BOCA RATON FL 33432		1300 NORTH FEDERAL HWY. STE 107 BOCA RATON FL 33432	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24 25		29 30	
9. Name and Address of Current Registered Agent			
PAPA, JOSEPH F 1300 N FED HWY, STE 107 BOCA RATON FL 33432			81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate action of the corporation. 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.)			
12. OFFICERS AND DIRECTORS			
TITLE	PD <input type="checkbox"/> DELETE		1.1 TITLE
NAME	PAPA, JOSEPH F		1.2 NAME
STREET ADDRESS	1300 N FED HWY, STE 107		1.3 STREET ADDRESS
CITY - ST - ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE		2.1 TITLE
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY - ST - ZIP			2.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE		3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY - ST - ZIP			3.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE		4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY - ST - ZIP			4.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE		5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY - ST - ZIP			5.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE		6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			6.4 CITY - ST - ZIP



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1981

4. FEI Number

Applied For	
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Not Applicable

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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAPA, JOSEPH F
1300 N FED HWY, STE 107
BOCA RATON FL 33432

81	Name
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B2	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
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FL

B5	Zip Code
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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 NAME STREET ADDRESS CITY - ST - ZIP	<div> <div>PD</div> <div>PAPA, JOSEPH F</div> <div>1300 N FED HWY, STE 107</div> <div>BOCA RATON FL</div> </div> <div> <input type="checkbox"/> DELETE </div>	<div> <div>1.1 TITLE</div> <div>1.2 NAME</div> <div>1.3 STREET ADDRESS</div> <div>1.4 CITY - ST - ZIP</div> </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <div></div> <div></div> <div></div> <div></div> </div> <div> <input type="checkbox"/> DELETE </div>	<div> <div>2.1 TITLE</div> <div>2.2 NAME</div> <div>2.3 STREET ADDRESS</div> <div>2.4 CITY - ST - ZIP</div> </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <div></div> <div></div> <div></div> <div></div> </div> <div> <input type="checkbox"/> DELETE </div>	<div> <div>3.1 TITLE</div> <div>3.2 NAME</div> <div>3.3 STREET ADDRESS</div> <div>3.4 CITY - ST - ZIP</div> </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <div></div> <div></div> <div></div> <div></div> </div> <div> <input type="checkbox"/> DELETE </div>	<div> <div>4.1 TITLE</div> <div>4.2 NAME</div> <div>4.3 STREET ADDRESS</div> <div>4.4 CITY - ST - ZIP</div> </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
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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)(f), 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:

James F. Brown

215/99

CR2E034 (10/97)