PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathe: Tie Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F62388 EDWARD J. MCCORMICK, P.A.

Mailing Address Principal Place of Business 111 SOUTHWEST THIRD STREET 111 SOUTHWEST THIRD STREET MCCORMICK BUILDING MCCORMICK BUILDING MIAMI FL 33130 MIAMI FL 33130

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90127 022 ***150.00

DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 02/16/1982 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business <u>59-2 | 59236</u> Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip a. This corporation owes the current year intangible Ziα □ No ☐ Yes 29 30 Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MCCORMICK, EDWARD J. Street Address (P.O. Bo) Number is Not Acceptable) 62 111 S.W. 3RD STREET MCCORMICK BUILDING 83 MIAMI FL 33130 Zip Code 84 City 11. Fursuant 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 effice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent. I am amiliar both, and accept the obligations of, Section 607.0505, Florida Statutes. eland J. M. Corwick SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 Change [] Addition 1.1 DTLE TITLE MCCORMICK, EDWARD J. 1.2 NAME 111 SW 3RD ST 13 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-S1-ZIP [] Addition Change ☐ DELETE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY ST ZIP Change [] Addition □ OELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 City-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

CITY ST ZP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 changled, or on an attachment with an address, with all other like empowered.

SIGNATURE:

13/299 305-357-8600

E. J. M. Cornicle

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