FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F74441

Principal Place of Business

MARILYN H. OTTO, P.A.

125 CRAWFORD BLVD. 125 CRAWFORD BLVD. BOCA RATON FL 33432 BOCA RATON FL 33432							
BOCK HATOR !	HATON PL 33432				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 03/31/1982		
• Data - I DI	one of Divisions	2a. Mailing Address			4. FEI Number	Applied For	
2. Principal Pi	- mosper viscos es estatistica				59-2172004	Not Applicable	
21	te Apt # etc. Suite, Apt. #, etc.				39 2 17 2004	\$8.75 Additional	
Suite, Apt. 1	ite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	Fee Required	
City & State	& State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip Cou		Country	/	8. This corporation owes the current year in	tangible	
24	25 29 30			Personal Property Tax. Yes No			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
OTTO, MARILYN H				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
BUCA RATUN PL 33432			83	il .		护护排除机构	
			84	/	, FL	85 Zip Code	
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 of 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							
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Age	nt signature require	ed when reinstating). DATE	·	
12.	OFFICERS AND		13.	_ 	ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
TITLE	DP	☐ DÉLETE	1.1 TITLE	Ì		☐ Change ☐ Addition .	
NAME	OTTO, MARILYN H		1.2 NAME		•		
STREET ADDRESS	s 605 N.W. 10TH CT.			ET ADDRESS	•	· ·	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-8	ST-ZIP	<u> </u>		
TITLE		☐ DELETE	2.1 TITLE		,	Change Addition	
NAME	•	2.2 N					
STREET ADDRESS	23\$7		2.3 STREE	T ADDRESS		}	
CITY-ST-ZIP	i en g	•	2. 4 CITY-	ST-ZIP	·		
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME ()	Participant of the second		3.2 NAME				
STREET ADDRESS	DALATORY TURNELL		3.3 STREE	ET ADORESS	1998/07/20	MAJERINE TAL PROPERTY AND	
CITY-ST-ZIP	有 联的 的,"据在一		3.4. CITY	ST-ZIP		副門籍制制 。	
TITLE		☐ DELETE	4,1 TITLE		1	Change Addition	
			4. 2 NAME	.	,		
NAME	S HE VA			ET ADDRESS			
STREET ADDRESS	3, 7543) *	4.4 CITY-1				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
TITLE '			5.2 NAME	1			
NAME		•		ET ADDRESS			
STREET ADDRESS			5.4 CITY-				
CITY-ST-ZIP	VELICAL INC. II. IN	☐ DELETE	6.1 TITLE		<u> </u>	☐ Change ☐ Addition	
TITLE	· End A.	C) DETEIR	6.2 NAME				
NAME							
STREET ADDRESS	- 57 F.		6.3 STREE	ET ADDRESS			

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90028 011 ***150.00



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, on an attachment with an address, with all other like empowered.