


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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90072 024 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F78168

1. Corporation Name
WALLACE B. MCCALL, P.A.



Principal Place of Business 340 ROYAL PALM WAY PALM BEACH FL 33480	Mailing Address 340 ROYAL PALM WAY PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1001 No. U.S. Hwy 1 Suite, Apt. #, etc. 22 Suite 604 City & State 23 Jupiter, FL USA Zip 24 33477 Country 25		2a. Mailing Address 26 ← Same as Suite, Apt. #, etc. 27 PLACE OF BUSINESS City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 05/01/1982	
4. FEI Number 59-2187201		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MCCALL, WALLACE B. ESQ 340 ROYAL PALM WAY PALM BCH FL 33480		10. Name and Address of New Registered Agent 81 Name Wallace B McCall, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 1001 N. U.S. Hwy 1 83 Suite 604 84 City Jupiter FL 85 Zip Code 33477	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, WALLACE B.	1.2 NAME	Wallace B. McCall
STREET ADDRESS	340 ROYAL PALM WAY	1.3 STREET ADDRESS	1001 N. U.S. Hwy 1, Ste 604
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, WALLACE B.	2.2 NAME	Wallace B. McCall
STREET ADDRESS	340 ROYAL PALM WAY	2.3 STREET ADDRESS	1001 N. U.S. Hwy 1, Ste 604
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: 

Date _____ Daytime Phone # _____

(561) 746-7073

CR2E034 (11/98)