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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sendra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # F96055

(1)

DAVID B. VAN KLEECK, P.A.

FILED Mar 26 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						T TO DESIGN FIRM TO HE DIEST OR THE DIEST DIEST DEBT DE DE CENTRE DE DES DE CONTROL DE DE LA CONTROL DE DE CONTROL DE DES	
980 N FEDERAL HWY			980 N FEDERAL HWY				
STE 440			STE 440			DO NOT WRITE IN THIS SPACE	
BOCA RATON FL 33432			BOCA RATON FL 33432 US			3. Date Incorporated or Qualified	
00		00			08/11/1982		
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	Applied For
21			26			59-2210291	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CO 75 ****
22			27			5. Certificate of Status Desired	Fee Required
City & State			City & State			6. Election Campaign Financing	\$5.00 May Be
23			28			Trust Fund Contribution	Added to Fees
Zip	Country		Zip Country		8. This corporation owes or has paid		
24 25			29 30			Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  VAN VICEOU DAVID P. 81 Name							
VAN KLEECK, DAVID B					Name		
980 N FEDERAL HWY					82 Street Add	dress (P.O. Box Number is Not Acceptable)	
STE 440					63		
BOCA RATON FL 33432					~		
					84 City		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 registere							
office or registered agent, or both, in the State of Ftorida. 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 D	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	DPT		DELETE	1.1 TIT	LE		Change Addition
NAME VAN KLEECK, DAVID B, ESQ				1.2 NA	ME		
STREET ADDRESS 980 N FEDERAL HWY STE 440				1.3 STREET ADDRESS			li
CITY-ST-ZIP	BOCA RATON, F	L 00000		1.4 01	Y+ST-ZIP		
TITLE	AS		☐ DELETE	2.1 TIT	LE		☐ Change ☐ Addition
NAME	VAN KLEECK, DAVID B, ESQ			2.2 NA	ME		
STREET ADDRESS	980 N FEDERAL			2.3 ST	REET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		···		IY-ST-ZIP		
TITLE			☐ DELE <b>te</b>	3.1 TiT	i		Change Addition
NAME				3.2 NA	···-		
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TITLE			☐ DELETE	4.1 TiT			Change
NAME				4. 2 N/	1		
STREET ADDRESS					REET ADDRESS		
CITY-ST-ZIP		·····	☐ DELETE		Y-ST-ZIP		Change   Addition
TITLE NAME			LJ VELETE	5.1 TIT			Change Addition
i				5.2 NA	1		
STREET ADDRESS					REET ADDRESS		<b>,</b>
CITY-ST-ZIP TITLE			☐ DELETE	5.4 CIT 6.1 TIT	Y-ST-ZIP		Change Addition
NAME			occent	6.1 III	1		C change C Modition
STREET ADDRESS				1	HEET ADDRESS		
CITY-ST-ZIP	(\$) 1 41 - 7 4		1 CP ( ) 0	6.4 CIT	Y-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.

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Millia Miller KD00 ml

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