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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90040 002 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G05688

LAWRENCE W. LIVOTI, P.A.

Principal Plac	ce of Business	Mailing Address										
318 SE 8TH S FT. LAUDERDA		318 SE 8TH ST FT. LAUDERDALE FL 3	3316									
US		US						DO NOT WR	ITE IN THIS	SPACE		
						3.	Date Incorporat 10/22/1982	ed or Qualifed				
2. Principal F	Place of Business	2a. Mailing Address					FEI Number		·		A!	15
-	lace of Business	— [™]				· *•				<u> </u>	Applie	
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24	25	29	30				Personal Prope	<u> </u>		Yes		NO.
	9. Name and Address of Curre	ent Registered Agent		1	Cita a	10.	Name and Ado	iress of New	Registered	Agent		
1.040	STEE AMOUNT W	-		81	Name							
LIVC	OTI, LAWRENCE W.				<u> </u>	4 1 1 /6						
318	SE 8TH ST			82	Street	Address (F	P.O. Box Number	is Not Accept	able)			
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11 Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Sta of Florida, Such change wa	itutes, the a	1DOVE	-named	corporation	n submits this sta	tement for the	purpose of	changing	its regi	istered.
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Stat	utes.	uie corpe	oradori s be	Jaru of directors.	Tiereby acce	pi ine appoi	nument a	registe	reu
CICKIATURE												
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if applicable. (N	OTE: Registered	d Apeni	t signature n	required when re	einstating)		DATE			
	Signature, typed or printed name of registered ag			d Ageni	t signature n		einstating)	NGES TO OF	DATE	ID DIDE	TOPS	IN 12
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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)(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 or an attachment with an address, with a other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP