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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **G29867**

1. Corporation Name

MARC K. POWERS, CPA. P.A

	V TOWERO, OF A, T.A.				
Principal Plac	ce of Business	Mailing Address	•	- I INBERTA AND CARANTO TOTAL SPATO BASIL THAN BAS	DIA ONDIA DEBIA DEDIA DIDIA DIDIA DIDIA
ONE SE 3RD /		ONE SE 3RD AVENUE		,	• •
10TH FLOOR 10TH FLOOR					
MIAMI FL 33131 MIAMI FL 33131				DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualifed	
		.,		05/01/1983	
·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2275666	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Star	te .	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible Yes □No
24	25	29 Segistered Agent	30	Personal Property Tax. 10. Name and Address of New Registers	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
POV	VERS, MARC K., CPA				
ONE SE 3RD AVENUE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
10TH FLOOR			83	ه خوارتون الدر الاستخداد الدراء العالم الله الله الله الله الله الله الله ا	6
	MI FL 33131		63		强调整等14克量
			84 City		85 Zip Code
					of changing its registered
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 the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered					
agentîl a	im familiar with, and accept the obligation	ons of, Section 607.0505, Flor	rida Statutes.		
SIGNATURE		AIOTE		when reinstating) DATE	
12.	Signature, typed or printed name of registered agent a OFFICERS AND		: Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1,1 TITLE	ADDITIONO/OFFATIOLO TO OFFICERO	THE BITCH ON TE
NAME .	POWERS, MARC K CPA				☐ Change ☐ Addition
STREET ADDRESS	AND AD ADD 11-01-1-1			**	☐ Change ☐ Addition
CITY-ST-ZIP		OOR	1.2 NAME	***	☐ Change ☐ Addition
UI11-31-2F		OOR	1.2 NAME 1.3 STREET ADDRESS		☐ Change ☐ Addition
	MIAMI FL		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
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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, on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90007 025 ***150.00