## 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 May 05, 1999 8:00 am Secretary of State 05-05-1999 90058 019 \*\*\*158.75

DOCUMENT # G90104

1. Corporation Name

WHITTLE, VARNELL AND BEDOYA, P.A.

								1841 81811 1886 1811 81881 1881
Principal Place	e of Business	Mailing Address	<del></del>		: 18811#1 88#8 18#11 \$4181 2181		WIL WIEIT CICH OF	
-3801 PGA-BLVD 3801 PGA-BLVD								
		SUITE-701			DO NOT WRITE IN THIS SPACE			
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 3			<del>334</del> 10				SPACE	<del></del>
	And the second second	_ • _			Incorporated or Qualif 25/1984	eo	·	
2. Principal P	lace of Business	2a. Mailing Address	- 0	4. FEIN			App	olied For
27 3341	2 Burns Kocd -	26 3343 BUC	ns Road	59-2	2363833		<del></del>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	26.	5 Certii	cate of Status Desired	<b>,</b> 💥	\$8.75 A	
22 <u>Su</u>	ite 306	27 Juste 3	DOP				Fee Red	quired
City & Stat		City & State	· •	1	on Campaign Financii	ng 🖂	\$5.00	· .
23 tala	n Beach Garden		indens H	Trust	Fund Contribution		Added to	Fees
Zip	Country		Country	1 **	corporation owes the o	current year into		{
24 334	10 25 (15 (-)	29 334 10 3	o USB		onal Property Tax.	5		□No
	9. Name and Address of Current	Registered Agent	94 110 11	10. Nam	e and Address of Ne	w Registered /	Agent	
WHITTLE; JAMES L				Varne	11 Jan	یا کیے		}
	I- <del>PGA BLV</del> D	82 Street A	ddress (R.O. Bo	x Number is Not Acce	eptable)			
	17-04 01.70 12-701	330	ワーロバ	U) Kod		·		
		83	1. 3r	1				
PALI	M BEACH GARDENS FL 33410		84 City	TE OC	<u></u>		85 Zip C	ode
		y				FL	.	[
11. Pursuant office or r	to the provisions of Sections 607.0502 edistered agent, or both, in the State of m familiar with, and accept the obligation	and 607 1508, Florida Statutes Florida. Such change was aut	, the above-named of horized by the corporate Statutes	corporation subr ration's board of	nits this statement for the directors. I hereby ac	the purpose of cept the appoir	changing its in ntment as reg	registered gistered
agent. i a	mitamiliar form, and accept the obligate	nistor, Section 607 2343, Fiorid	a Statutes.	;	shalaa			Į.
SIGNATURE	Signatury, yped or printed name of registered agent a	nd title if applicable. (NOTE: R	egistered Agent signature re	quired when reinstatin	312 1 · · ·	DATE		<del></del>
12.	OFFICERS AND		13.	<del></del>	IONS/CHANGES TO	OFFICERS AN	D DIRECTO	RS IN 12
TITLE -	PO	☐ DELETE	1,1 TITLE			·	Change	☐ Addition
NAME	WHITTLE, JAMES L		1.2 NAME		_	===	•	
STREET ADDRESS	3370 BURNS ROAD		1.3 STREET ADDRESS	3345	Burns R	0c#b	کلا	)
CITY-ST-ZIP	PALM BCH. GARDENS FL		1.4 CITY-ST-ZIP	00	<b>J</b> 0			1
TITLE	T	☐ DELETE	2.1 TITLE		<del></del>		Change	☐ Addition
NAME	VARNELL, JAMES H		2.2 NAME				,	1
STREET ADDRESS	3970 BURNS ROAD		2.3 STREET ADDRESS	2545	Bums R	ひとまん		[
	PALM BCH. GARDENS FL.		2.4 CITY-ST-ZIP	00				Ì
CITY-ST-ZIP TITLE	S.	DELETE	3.1 TITLE	·			☐ Change	Addition
NAME	BEDOYA BICHARDO A	***************************************	3.2 NAME				_ •	
	3370-BURNS ROAD		3.2 IVVME					
STREET ADDRESS	PALM BCH, GARDENS, FL		·				. –	
CITY-ST-ZIP	FI ALIVI DOLL, GARDLING, FL	□ DELETE	3.4. CITY-ST-ZIP	<del>-</del>			[] Change	Addition
TITLE			1					
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP	<del></del>	[] DELETE	4.4 CITY-ST-ZIP				Change	Addition
TITLE		☐ DELETÉ	5.1 TITLE				☐ Change	Addition
NAME	* *** 10 B		5.2 NAME				59 .	, , , , , ,
STREET ADDRESS	1. 4. 6. · · · · · · · · · · · · · · · · · ·		5.3 STREET ADDRESS					}
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP					
TITLE		☐ DELETÉ	6.1 TITLE				Change	Addition
NAME			6.2 NAME					j

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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

29 (95 (56)627-3130