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 # H35473 1. Corporation Name GEORGE F. WHITE A.I.A. AND ASSOCIATES, INC.
GEORGE P. WHITE ASIA, AND MODOUS TO STATE

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90028 031 ***150.00



Principal Place of	Business	Mailing Address					
5455 N. FEDERAL HWY #F BOCA RATON FL 33487		5455 N. FEDERAL HWY	#F		A CONTRACT OF THE	IC CDACE	
		BOCA RATON FL 33487			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		'
					12/19/1984	Applie	ed For
2. Principal Place	o of Business	2a. Mailing Address			4. FEI Number		pplicable
i. Principal Placi	6 Ot Drivings	26			59-2478678	\$8.75 Add	
Suite, Apt. #,	ota	Suite, Apt. #, etc.		•	5. Certificate of Status Desired	Fee Requ	
7	etc.	27				\$5.00 Ma	
City & State		City & State			6. Election Campaign Financing	Added to F	
_		28			Trust Fund Contribution 8. This corporation owes the current year	Intangible	
3	Country	Zip		ountry	8. This corporation owes the current year Personal Property Tax.	1⊈Yes □]No
4	25	29	30		10. Name and Address of New Register	ed Agent	
<u>•</u>	9. Name and Address of Curre	nt Registered Agent		81 Name	IO. INDITIO CITAL PROPERTY.		
				1	- A A A toblo		
WHITE	GEORGE F.			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
5455 N	NORTH FEDERAL HWY. SUITE	i h		83			
BOCA	RATON FL 33487					85 Zip Co	
				84 City	·	= L **	
						- Calanasian ita se	egistered
11. Pursuant to	nistered agent, or both, in the State	e of Florida. Such change wa	s authoriz	zed by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap		
agent. I am	familiar with, and accept the oblig	pations of, Section 607.0505,	Florida St	tatutes.	<i>t</i>		
agent. I am	laminal with, and dooop the series	,	Florida Si	tatutes.	. DATE	<u> </u>	
agent. I am	Identifies byped or printed name of registered as	gent and title if applicable. (N	OTE: Registe	tatutes. ered Agent signature requir	<i>:</i>	S AND DIRECTOR	RS IN 12
agent I am SIGNATURE 5 12.	signature, typed or printed name of registered at	,	OTE: Registe	ered Agent signature requir	. DATE	<u> </u>	RS IN 12
SIGNATURE 5	ignature, typed or printed name of registered at OFFICERS A	gent and title if applicable. (N	OTE: Registe	ered Agent signature requir	. DATE	S AND DIRECTOR	RS IN 12
SIGNATURE SIGNATURE NAME	opposition of printed name of registered at Opposition of PD WHITE, GEORGE F.	gent and title if applicable. (N	OTE: Registe	ered Agent signature requir	. DATE	S AND DIRECTOR	RS IN 12
SIGNATURE SIGNATURE STREET ADDRESS	officers A PD WHITE, GEORGE F. 5455 N FEDERAL HWY.	gent and title if applicable. (N	OTE: Registe 1 1.	ered Agent signature requirement of the signa	. DATE	E S AND DIRECTOR ☐ Change	RS IN 12
agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ignature, typed or printed name of registered as OFFICERS A PD WHITE, GEORGE F. 5455 N FEDERAL HWY. BOCA RATON FL	gent and title if applicable. (N	OTE: Registe 1 1.	ered Agent signature requir 13. 1 TITLE 2 NAME 3 STREET ADDRESS	. DATE	S AND DIRECTOR	RS IN 12
Agent. I am SIGNATURE STITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD WHITE, GEORGE F. 5455 N FEDERAL HWY. BOCA RATON FL. STD	gent and title if applicable. (N NDD DIRECTORS	OTE: Registe 1 1. 1.	ered Agent signature requir 13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	. DATE	E S AND DIRECTOR ☐ Change	RS IN 12
Agent. I am SIGNATURE STITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD WHITE, GEORGE F. 5455 N FEDERAL HWY. BOCA RATON FL. STD CONFORTI, JAMES	gent and title if applicable. (N NDD DIRECTORS	OTE: Registe 1 1. 1. 1. 2	ered Agent signature requir 131 TITLE 2 NAME .3 STREET ADDRESS .4 CITY-ST-ZIP	. DATE	E S AND DIRECTOR ☐ Change	RS IN 12
AGENT TAME SIGNATURE STITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD WHITE, GEORGE F. 5455 N FEDERAL HWY. BOCA RATON FL STD CONFORTI, JAMES 5455 N FEDERAL HWY.	gent and title if applicable. (N NDD DIRECTORS	OTE: Registe 1 1. 1. 1. 2 2	ered Agent signature requir 131 TITLE 2 NAME .3 STREET ADDRESS .4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	. DATE	S AND DIRECTOR Change	RS IN 12
AGENT TAM SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	PD WHITE, GEORGE F. 5455 N FEDERAL HWY. BOCA RATON FL. STD CONFORTI, JAMES	gent and title if applicable. (N NDD DIRECTORS	OTE: Registe 1 1. 1. 1. 2 2	ered Agent signature requir 131 TITLE 2 NAME .3 STREET ADDRESS .4 CITY-ST-ZIP L1 TITLE 22 NAME	. DATE	E S AND DIRECTOR ☐ Change	RS IN 12
Agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	PD WHITE, GEORGE F. 5455 N FEDERAL HWY. BOCA RATON FL STD CONFORTI, JAMES 5455 N FEDERAL HWY.	gent and title if applicable. (NAND DIRECTORS DELETE	OTE: Registe 1 1. 1. 1. 2 2 2 2	ered Agent signature requir 131 TITLE 2 NAME .3 STREET ADDRESS .4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	. DATE	S AND DIRECTOR Change	RS IN 12
AGENT TAM SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME NAME NAME	PD WHITE, GEORGE F. 5455 N FEDERAL HWY. BOCA RATON FL STD CONFORTI, JAMES 5455 N FEDERAL HWY.	gent and title if applicable. (NAND DIRECTORS DELETE	OTE: Registe 1. 1. 1. 2. 2. 2. 3. 3.	ered Agent signature requir 131 TITLE 2 NAME .3 STREET ADDRESS .4 CITY-ST-ZIP .1 TITLE .2. NAME .2.3 STREET ADDRESS 2.4 CITY-ST-ZIP .3.1 TITLE	. DATE	S AND DIRECTOR Change	RS IN 12
AGENT TAME SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD WHITE, GEORGE F. 5455 N FEDERAL HWY. BOCA RATON FL STD CONFORTI, JAMES 5455 N FEDERAL HWY.	gent and title if applicable. (NAND DIRECTORS DELETE	OTE: Registe 1 1. 1. 1. 2 2 2 3 3	ered Agent signature requir 131 TITLE 2 NAME .3 STREET ADDRESS .4 CITY-ST-ZIP .1 TITLE .2. NAME .2.3 STREET ADDRESS 2.4 CITY-ST-ZIP .3.1 TITLE .3.2 NAME	. DATE	S AND DIRECTOR Change Change	RS IN 12 Addition Addition Addition
AGENT TAM SIGNATURE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	PD WHITE, GEORGE F. 5455 N FEDERAL HWY. BOCA RATON FL STD CONFORTI, JAMES 5455 N FEDERAL HWY.	gent and title if applicable. (NAND DIRECTORS DELETE	OTE: Registe 1. 1. 1. 2. 2. 2. 3. 3. 4. 4. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	ered Agent signature requir 13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 21 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	. DATE	S AND DIRECTOR Change	RS IN 12 Addition Addition Addition
AGENT TAM SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	PD WHITE, GEORGE F. 5455 N FEDERAL HWY. BOCA RATON FL STD CONFORTI, JAMES 5455 N FEDERAL HWY.	gent and title if applicable. (NAND DIRECTORS DELETE	OTE: Registe 1 1. 1. 1. 2 2 2 2 3 3	ered Agent signature requir 131 TITLE 2 NAME .3 STREET ADDRESS .4 CITY-ST-ZIP 1.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	. DATE	S AND DIRECTOR Change Change	RS IN 12 Addition Addition Addition
AGENT TAM SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD WHITE, GEORGE F. 5455 N FEDERAL HWY. BOCA RATON FL STD CONFORTI, JAMES 5455 N FEDERAL HWY.	gent and title if applicable. (NAND DIRECTORS DELETE	OTE: Registe 1 1. 1. 1. 2 2 2 2 3 3	ered Agent signature requir 13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 2 NAME 23 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	. DATE	S AND DIRECTOR Change Change	RS IN 12 Addition Addition Addition
AGENT. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SITY-ST-ZIP TITLE NAME STREET ADDRESS	PD WHITE, GEORGE F. 5455 N FEDERAL HWY. BOCA RATON FL STD CONFORTI, JAMES 5455 N FEDERAL HWY.	gent and title if applicable. (NAND DIRECTORS DELETE	OTE: Register 1 1. 1. 1. 2 2 2 2 3 3 3 3	ered Agent signature requir 13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 2 NAME 2 NAME 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 3 STREET ADDRESS 4 CITY-ST-ZIP 3 STREET ADDRESS 4 CITY-ST-ZIP 4 TITLE 4 2 NAME	. DATE	S AND DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition
AGENT. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, GEORGE F. 5455 N FEDERAL HWY. BOCA RATON FL STD CONFORTI, JAMES 5455 N FEDERAL HWY.	gent and title if applicable. (NAND DIRECTORS DELETE	OTE: Register 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	ered Agent signature requir 13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE 5.1 TITLE	. DATE	S AND DIRECTOR Change Change	RS IN 12 Addition Addition Addition Addition
AGENT. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD WHITE, GEORGE F. 5455 N FEDERAL HWY. BOCA RATON FL STD CONFORTI, JAMES 5455 N FEDERAL HWY.	gent and title if applicable. (NAND DIRECTORS DELETE DELETE	OTE: Registe 1. 1. 1. 2. 2. 2. 3. 3. 5. E.	ered Agent signature requir 131 TITLE 2 NAME .3 STREET ADDRESS .4 CITY-ST-ZIP 11 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	. DATE	S AND DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
AGENT. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD WHITE, GEORGE F. 5455 N FEDERAL HWY. BOCA RATON FL STD CONFORTI, JAMES 5455 N FEDERAL HWY. BOCA RATON FL	gent and title if applicable. (NAND DIRECTORS DELETE DELETE	Time	ered Agent signature requir 13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	. DATE	S AND DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
AGENT. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, GEORGE F. 5455 N FEDERAL HWY. BOCA RATON FL STD CONFORTI, JAMES 5455 N FEDERAL HWY. BOCA RATON FL	gent and title if applicable. (NAND DIRECTORS DELETE DELETE	Time	ered Agent signature requir 13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 NAME 5.5 STREET ADDRESS 5.6 CITY-ST-ZIP	. DATE	S AND DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
AGENT. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, GEORGE F. 5455 N FEDERAL HWY. BOCA RATON FL STD CONFORTI, JAMES 5455 N FEDERAL HWY. BOCA RATON FL	gent and title if applicable. (NAND DIRECTORS DELETE DELETE	Tiona Siona	ered Agent signature requir 13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	. DATE	S AND DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
AGENT. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD WHITE, GEORGE F. 5455 N FEDERAL HWY. BOCA RATON FL STD CONFORTI, JAMES 5455 N FEDERAL HWY. BOCA RATON FL	gent and title if applicable. (N NDD DIRECTORS DELETE DELETE DELETE DELETE	Tiona Siona	ered Agent signature requir 13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 NAME 5.5 STREET ADDRESS 5.6 CITY-ST-ZIP	. DATE	S AND DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
AGENT. I AM SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WHITE, GEORGE F. 5455 N FEDERAL HWY. BOCA RATON FL STD CONFORTI, JAMES 5455 N FEDERAL HWY. BOCA RATON FL	gent and title if applicable. (N NDD DIRECTORS DELETE DELETE DELETE DELETE	Tiona Siona	ered Agent signature requir 13. .1 TITLE 2 NAME .3 STREET ADDRESS .4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE	. DATE	S AND DIRECTOR Change Change Change	

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my nar 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 nar 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 nar 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 nar 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 nar 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 nar 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 nar officer or director of the corporation or the receiver of the corporation of the corp

SIGNATURE: