

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90120 021 ***158.75

DOCUMENT # H35848

1. Corporation Name

ADAIR, FULLER, WITCHER & MALCOM, P.A. CERTIFIED
PUBLIC ACCOUNTANTS

Principal Place of Business

Mailing Address

TRADE CENTRE SOUTH
100 W CYPRESS CRK RD. STE 1045
FT LAUDERDALE FL 33309-2115
US

TRADE CENTRE SOUTH
100 W CYPRESS CRK RD. STE 1045
FT. LAUD FL 33309-2140
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1984

4. FEI Number

59-2474542

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 33309-2115 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRADE CENTRE SOUTH
100 WEST CYPRESS CRK RD, STE 1045
FT LAUDERDALE FL 33309

81 Name

MICHAEL R ADAIR

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 registered office or registered agent, or both, in the State of Florida. 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

Michael R. Adair
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-29-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ADAIR, MICHAEL R.	
STREET ADDRESS	155 N.W. 93 TERR.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	FULLER, STEVEN E.	
STREET ADDRESS	3150 SW 135 TERRACE	
CITY-ST-ZIP	DAVIE FL	
TITLE	OS	<input type="checkbox"/> DELETE
NAME	WITCHER, TERRELL W.	
STREET ADDRESS	9040 SW 54 ST.	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MALCOM, WILLIAM A.	
STREET ADDRESS	8795 NW 55 PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME	SEE ATTACHED	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33065-6011
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33330
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33328
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33067
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Shareholder
5.3 STREET ADDRESS	Hugh H. Cooper
5.4 CITY-ST-ZIP	5302 NW 87 Way Coral Springs FL 33067
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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, with all other like empowered.

SIGNATURE:

Sharon M. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99
Date

(954) 491-9790
Daytime Phone #

CR2E034 (11/98)

0289574