

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90071 046 ***150.00

DOCUMENT # H67981

1. Corporation Name

LEVY, KNEEN, BOYES, WIENER, KORNFELD & DEL RUSSO
, PROFESSIONAL ASSOCIATION

Principal Place of Business

STE 1000, 1400 CENTREPARK BLVD
WEST PALM BEACH FL 33401

Mailing Address

STE 1000, 1400 CENTREPARK BLVD
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1985

4. FEI Number

59-2558619

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

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Jeffrey D. Kneen

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

1400 Centrepark Blvd., Suite 1000

83

84 City

West Palm Beach

FL

85 Zip Code

33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1408, 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

Jeffrey D. Kneen

01/20/1999

Signature, typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVT ☐ DELETE

NAME KNEEN, JEFFREY D.

STREET ADDRESS #1000, 1400 CENTREPARK

CITY-ST-ZIP WEST PALM BEACH FL

TITLE DP ☒ DELETE

NAME WIENER, DAVID J.

STREET ADDRESS #1000, 1400 CENTREPARK

CITY-ST-ZIP WEST PALM BEACH FL

TITLE DSV ☐ DELETE

NAME KORNFELD, GARY L.

STREET ADDRESS #1000, 1400 CENTREPARK

CITY-ST-ZIP WEST PALM BEACH FL

TITLE DV ☐ DELETE

NAME DEL RUSSO, ALEXANDER

STREET ADDRESS 1400 CENTREPARK BLVD #1000

CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

DP

☒ Change

☐ Addition

1.2 NAME

KNEEN, Jeffrey D.

1.3 STREET ADDRESS

1400 Centrepark Blvd. #1000

1.4 CITY-ST-ZIP

West Palm Beach, FL 33401

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ 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:

Jeffrey D. Kneen

01/20/1999

561 478-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0320612

CR2E034 (11/98)