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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90131 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H86541

1. Corporation Name
DONALD J. JARET, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4343 WEST FLAGLER ST #350 MIAMI FL 33139 US

Mailing Address
4343 WEST FLAGLER ST #350 MIAMI FL 33139 US

3. Date Incorporated or Qualified
11/20/1985

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country
29. Zip Country

4. FEI Number
59-2606322
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

9. Name and Address of Current Registered Agent
JARET, DONALD
4343 WESA FLAGLER ST #350
MIAMI FL 33139

10. Name and Address of New Registered Agent
81 Name
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. Row 1: DVP, JARET, DONALD J., 4343 WEST FLAGLER ST., #350, MIAMI FL.

Table with 4 columns: 1.1-1.4 (TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP) and 2.1-2.4 (TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP). Includes checkboxes for Change and Addition.

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 305 569 080 Date Daytime Phone #

U190046
CR2E034 (11/98)