FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H99168**

JOSE G. RODRIGUEZ, P.A.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90045 025 ***150.00



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Principal Place of Business Mailing Address								
2240 PALM BEA WEST PALM BE	ach lakes blvd ste 200 Each Fl 33409	2240 PALM BEACH LAKES BLVD STE 200 WEST PALM BEACH FL 33409		DO NOT WRITE IN THIS S	PACE			
					DO NOT WRITE IN THIS S	PACE		
					3. Date Incorporated or Qualifed 02/13/1986			
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For	
21 26					59-2697739	No.	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired		I .		
City & State City & State					6. Election Campaign Financing	\$5.00	May Be	
23	28				Trust Fund Contribution	Added	to Fees	
Zip	Country Zip Cou				8. This corporation owes the current year Inta	ngible		
24	25	29	30			☐ Yes	□No	
	9. Name and Address of Currer				10. Name and Address of New Registered A	gent		
			81	Name				
Rodriguez, Jose G.								
2240 PALM BEACH LAKES BLVD STE 200 WEST PALM BEACH FL 33409			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83	83				
								
			84	1	<u>FL</u>		Code	
office or a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was au	thonzed by	the corporat	poration submits this statement for the purpose of c ion's board of directors. I hereby accept the appoin	hanging its iment as re	registered gistered	
SIGNATURE	III taitiillat widi, alto accept the oblige	ations of, occupit our loos, i for		•				
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Age	nt signature requir	ed when reinstating) OATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	DP	☐ DELETE	1.1 TITLE	-	5/P/D	☐ Change	Addition	
NAME	Rodriguez, Jose G.		1.2 NAME					
STREET ADDRESS	2240 PALM BCH LKS BL 200		1.3 STREE	TADORESS			ſ	
ÇITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-S	T-ZIP	·			
TITLE	S	DELETE	2.1 TITLE			Change	☐ Addition (
NAME	INGRAM, SHERRY	γ.	2.2 NAME					
	2240 PALM BEACH LAKES BL	200		TADORESS				
STREET ADORESS	W PALM BEACH FL	. 200						
CITY-ST-ZIP	IT FALM DEACH FL	DELETE	2.4 CITY-3 3.1 TITLE	S1-ZIP		Change	Addition	
TITLE								
NAME			3.2 NAME					
STREET ADDRESS				TADDRESS			l	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			Addition.	
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4.2 NAME					
STREET ADDRESS	•		4.3 STREE	TADORESS				
CITY-ST-ZIP			4.4 CITY- S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE		· -	☐ Change	Addition (
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY- S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
	·	_ : ====	6.2 NAME	-		_	ł	
NAME	, .							
STREET ADDRESS			63512	LADADRESS				
STREET ADDRESS			6.3 STREE 6.4 CITY- S	\ \ \			ļ	

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 empewered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or on an attachment with an address, with all other like empowered.

SIGNATURE: