Feb 26, 1999 8:00 am Secretary of State

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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 # J02672

1. Corporation	Name										
FLORIDA	-LAWDOCK, INC.										
							1110 6 711 53 115 11 618 6 1817 1 61				
Principal Place	of Business	Mailing Address				1111	IIII MARIA II ARII ARII ARII ARII ARII A	RI TION ON THE RE	911 01011 9101	11 010 11 01011 1001	
222 LAKEVIEW AVE C/O J RODMAN STEELE. JR											
4TH FLOOR 222 LAKEVIEW AVE. 4TH FL						į					
WEST PALM BEACH FL 33402-3188 W. PALM BEACH FL 33402-31				188			DO NOT WRITE IN THIS SPACE				
US		US			3.		orporated or Qualifed				
						03/06/.					
2. Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Num				Applied For	
21		26				<u>39-160</u>	1/418			Not Applicable	
		Suite, Apt. #, etc.	14			Certifcat	e of Status Desired		+	Additional Required	
<u></u>]		27									
City & State	•	City & State			6.	- 1	Campaign Financing nd Contribution		-	O May Be	
23	Country	28	Country	·						<u>u 10 i ees</u>	
Zip	Country		_ `		8.	- ,	poration owes the curr Property Tax.	ent year ma	∏ Yes	□No	
24	9. Name and Address of Current	11	ار		10		nd Address of New F	Registered A			
	9. Name and Address of Current	registered Agent	81	Name	10	, Italiic di					
STEE	LE, J RODMAN JR							 			
222 LAKEVIEW AVE			82	Street /	Address (I	P.O. Box N	lumber is Not Accepta	ible)			
	FLOOR		83	•					-		
WEST PALM BCH FL 33402							<u></u>				
	,		84	City			,	FI	85 Zip	p Code	
	to the provisions of Sections 607.0502	and 607 1509. Elorida Statutos	the above	-named	corporatio	n euhmite	this statement for the	nurnose of a	changing i	its registered	
office or re	edistered agent, or both, in the State of	i Florida. Such change was auti	ionzea by	tne coroc	oration's b	oard of dir	ectors. I hereby accer	t the appoin	tment as	registered	
agent. I ar	n familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE Re	egistered Agen	nt signature n	equired when	reinstating) 1	<u> </u>	DATE			
12.	OFFICERS AND		13.				NS/CHANGES TO OF	FICERS AN	D DIRECT	TORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE				Secty.		Change		
NAME	STEELE, RODMAN J JR		1.2 NAME		Nachh	an, N	k eduRij				
STREET ADDRESS	222 LAKEVIEW AVE		1.3 STREET	ADDRESS	ľ		l .				
CITY-ST-ZIP	WEST PALM BEACH FL 33402		1.4 CITY-ST	T-ZIP	Boca	Ration	s Road FL 33431				
TITLE			2.1 TITLE						☐ Change	e Addition	
NAME	· · · · · · · · · · · · · · · · · · ·		2.2 NAME	2.2 NAME JÖh		ohnson, Kimberly L.					
STREET ADDRESS	4501 TAMIAMI TRAIL NORTH		2.3 STREET	ADDRESS	4501	Tami a	mi Trail Nor	th		_	
CITY-ST-ZIP	NAPLES FL 34103		2 4 CITY-S	T-ZIP	Naple	s, F	mi Trail Nor L 34103				
TITLE			3.1 TITLE	31 TILE 17D			ml		☐ Change	e Addition	
NAME	PETERSEN, DAVID L		32 NAME		l		Thomas E.			•	
STREET ADDRESS	ACOA TAABAH TOAH MODTH		3.3 STREET	REET ADDRESS 4		1 Tam	iami Trail N	Morth			
CITY-ST-ZIP			3.4. CITY-S	3.4. CITY-ST-ZIP		les.	FL 34103				
TITLE	VPT	☐ DELETE	4.1 TITLE						Chang	e Addition	
NAME	SALVATORI, LEO J		4. 2 NAME		Sto	ne, N	cty. adean R.				
STREET ADDRESS	4501 TAMIAMI TRAIL NORTH		4.3 STREET	ADDRESS	ı						
CITY-ST-ZIP	NAPLES FL 34103		4.4 CITY-ST	T-ZIP	Wes	t Pali	view Ave m Beach, FL	33402			
TITLE	VP	☐ DELETE	5.1 TITLE		Ass	jt. Se	cty. Susan T.		Change	e Addition	
NAME	DOYLE, ROBERT & JR		5.2 NAME		-121		Charles and the control of the contr				
STREET ADDRESS	4501 TAMIAMI TRAIL NORTH		5.3 STREET		411	E. W	isconsin Ave	enue			
CITY-ST-ZIP	NAPLES FL 34103		5.4 CITY- ST	T-ZIP	Mil	wauke	e, WI 5320)2		. Name :	
TITLE	VP	☐ DELETE	6.1 TITLE		Ass	st. Se	cty n, Cynthia 2	7	Change	e Addition	
NAME	HAINS, TIMOTHY J	•	6.2 NAME	l	Jor	gense	in Cymunu a	~*			
OTDEET ADDRESS	4501 TAMIAMI TRAIL NORTH		6.3 STREET	ADDRESS	41.1	. E. W	isconsin Ave	::1UC			

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 of 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 trusteed 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 or an artachment with an address, with all other like empowered.

SIGNATURE: