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Mar 04, 1999 8:00 am  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # J17424

1. Corporation Name

PRESSER, LAHNEN & EDELMAN, P.A.

Principal Place of Business

6622 SOUTHPOINT DR SO  
SUITE 495  
JACKSONVILLE FL 32216  
US

Mailing Address

6622 SOUTHPOINT DR.. S #495  
P. O. BOX 550507  
JACKSONVILLE FL 32255-0507  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1986

4. FEI Number

59-2682134

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required --

6. Election Campaign Financing

☐

\$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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

PRESSER, EDWIN  
4417 BEACH BLVD  
STE 310 BROWARD BLDG  
JACKSONVILLE FL 32207

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD ☐ DELETE

NAME PRESSER, NEIL N.  
STREET ADDRESS 6622 SOUTHPOINT DR. S.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VPD ☐ DELETE

NAME LAHNEN, WILLIAM R., JR.  
STREET ADDRESS 6622 SOUTHPOINT DR. S.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD ☐ DELETE

NAME EDELMAN, DANIEL M.  
STREET ADDRESS 6622 SOUTHPOINT DR.,S.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VPD ☐ DELETE

NAME HERNDON, RANDALL L.  
STREET ADDRESS 6622 SOUTHPOINT DR. S.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE STD ☐ DELETE

NAME RANES, JOHN W J  
STREET ADDRESS 6622 SOUTHPOINT DR S  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/99 (904) 296-9333

CR2E034 (11/98)