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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAR LEN STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

05-17-1999 90002 045 ***150.00

DOCUMENT # J32270 V

1. Corporation Name

JOHN E. PEARSON, P.A.

Principal Place	e of Business	Mailing Address								
201 S. Biscayne Blvd. 201 S. Biscayne Blvd.										
Suite 2500 Suite 2500						DO NOT INDITE IN THE POLICE				
Miami, FL 33131 Miami, FL 33131						DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed			
Principal Place of Business 2a. Mailing Address							09/08/95			
—	lace of Business	2a. Mailing Address					4. FEI Number		\vdash	Applied For
21 26							59-2749136			Not Applicable
Suite, Apt. #, etc.							5. Certifcate of Status Desire	d 🗍		5 Additional
22										Required
City & State	<u>├</u>						6. Election Campaign Finance	ing 🖂	•	00 May Be
23	28						Trust Fund Contribution			ed to Fees
Zip -	Country——	·Zip				-	8. This corporation owes the current year Intangible			1771 N
24	25	29	30				Personal Property Tax.		Yes	X No
	9. Name and Address of Curre	ent Registered Agent		81			10. Name and Address of N	ew Registered	Agent	
John E	. Pearson, P.A.			°'	149	ame				
201 S. Biscayne Blvd.				82	82 Street Address (P.O. Box Number is Not Acceptable)					
Suite 2500										
Miami, FL 33131				83						
nramr,	FL 33131			84	Cit	h/			85 Z	ip Code
					"	• 1		FL	_ -	p 0000
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	tutes, the	above	e nar	med corpora	ation submits this statement for	the purpose of	changing	its registered
office or re agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change war jations of, Section 607.0505, I	s authorize Florida Sta	tutes.	the d	corporation	s board of directors. I hereby a	ccept the appoi	ntment as	s registered
SIGNATURE			TF D - 14					DATE		
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13		it signa	ature required w	ADDITIONS/CHANGES TO		ID DIREC	TORS IN 12
TITLE	President and Treasurer DELETE			1,1 TITLE		1	ADDITIONO/OHANGES TO	OF FIGERS AF	Chan	
NAME	John E. Pearson, Esq.			12 NAME						3 *
	001 0 0					250				
STREET ADDRESS	162 - 1 DT 00101			1.3 STREET ADDRESS		KE22				
CITY-ST-ZIP	Miami, FL 33131			1.4 CITY-ST-ZIP					Chang	ge Addition
TITLE	Vice President and Treasurer DELETE			2.1 TITLE					Chang	geAddition
NAME	Laura J. Pearson, Esq.			2.2 NAME						
STREET ADDRESS	S 201 S. Biscayne Blvd., #2500			2.3 STREET ADDRESS						
CITY-ST-ZIP	Miami, FL 33131			2. 4 CITY-ST-ZIP						
TITLE	•	☐ DELETE	3.1 7	TILE					Chang	ge Addition
NAME			م ا 3.2 ۱	IAME						
STREET ADDRESS			3.3 9	TREET	ADDR	RESS				
CITY-ST-ZIP			3.4. (CITY S	T-ZIP					
TITLE		☐ DELETE	4.1 T	ITLE					☐ Chan	ge
NAME			4 2 !	VAME						
STREET ADDRESS			4.3 8	TREET	ADDR	RESS				
CITY-ST-ZIP			4.4 0	HTY-ST	Γ- ZIP					
TITLE		☐ DELETE	5.1 T						☐ Chang	ge
NAME			5.2 N	IAME						
STREET ADDRESS			5.3 S	TREET	ADDR	RESS				
CITY-ST-ZIP			5.4 C	ITY-ST	Γ- ZIP					
TITLE		☐ DELETE	6.1 T						Chang	ge 🔲 Addition
NAME			6.2 N	IAME					_ `	
STREET ADDRESS			6.3 S	TREET	ADDR	RESS				
			. I	ITY-ST						
CITY-ST-ZIP			0.70	01		1				

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:

CITY-ST-ZIP

CR2E034 (11/98)