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Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J80135 (3)
1. Corporation Name
CALER, DONTEN, LEVINE, DRUKER, GRAVETT, PORTER &
VEIL, P.A.



Principal Place of Business C/O MARK D VEIL 505 S FLAGLER DR. SUITE 900 W PALM BCH FL 33401 US	Mailing Address C/O MARK D VEIL 505 S FLAGLER DR. SUITE 900 W PALM BCH FL 33401 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1987	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2831281		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			

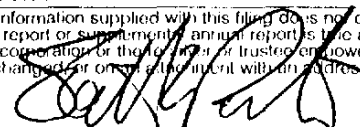
9. Name and Address of Current Registered Agent CALER, WILLIAM K. J 505 S FLAGLER DR, SUITE 900 W PALM BCH FL 33401		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85 FL	Zip Code

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DRUKER, SCOTT 2036 HENLEY PLACE WELLINGTON FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DV ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRAVETT, ANTHONY 9207 150TH CT NORTH JUPITER FL 33478 ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DV DONTEN, DAVID S. 2334 PALM HARBOUR DRIVE PALM BEACH GARDENS FL 33410 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEVINE, JOEL H 13654 JONQUIL PL WELLINGTON FL ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DP ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VEIL, MARK 19 DUNBAR ROAD PALM BCH GARDENS FL ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PORTER, SCOTT L 708 KITTYHAWK WAY N PALM BCH FL ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CALER JR, WILLIAM K 234 DYER RD W PALM BCH FL ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DS ☒ Change ☐ 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 supplement to 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 incorporator or trustee or authorized 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 a new addition without an address.

SIGNATURE:  3-2-98 561-832-9292

CP2E034 (10/97)