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

FILED
Apr 28, 1999 8:00 am
Secretary of State
04-28-1999 90055 022 ***150.00

DOCUMENT # J80135

1. Corporation Name
CALER, DONTEN, LEVINE, DRUKER, PORTER & VEIL, P. A.

Principal Place of Business	Mailing Address
C/O MARK D VEIL 505 S FLAGLER DR. SUITE 900 W PALM BCH FL 33401 US	C/O MARK D VEIL 505 S FLAGLER DR. SUITE 900 W PALM BCH FL 33401 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 06/27/1987

4. FEI Number: 59-2831281 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ 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 **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DRUKER, SCOTT		1.2 NAME		
STREET ADDRESS	2036 HENLEY PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DONTEN, DAVID S.		2.2 NAME		
STREET ADDRESS	2334 PALM HARBOUR DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		2.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEVINE, JOEL H		3.2 NAME		
STREET ADDRESS	13654 JONQUIL PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VEIL, MARK		4.2 NAME		
STREET ADDRESS	19 DUNBAR ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL		4.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PORTER, SCOTT L		5.2 NAME		
STREET ADDRESS	708 KITTYHAWK WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	N PALM BCH FL		5.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CALER JR, WILLIAM K		6.2 NAME		
STREET ADDRESS	234 DYER RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		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: _____ SCOTT L. PORTER 4-16-99 561-832-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)