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03-02-1999 90144 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K09815

1. Corporation Name

FLEMING, O'BRYAN & FLEMING, A PROFESSIONAL ASSOCIATION

Principal Place of Business
500 E BROWARD BLVD 17 FL
FT LAUDERDALE FL 33338
US

Mailing Address
PO BOX 7028
FT LAUDERDALE FL 33338-7028
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1988

4. FEI Number

65-0017847

Applied For

Not Applicable

5. Certificate of Status Desired ☐ Yes ☒ No

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

\$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

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

RICKER, WILLIAM D.
500 E BROWARD BLVD. 17TH. FL.
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name **BURTON, Patricia A**
82 Street Address (P.O. Box Number is Not Acceptable) **1881 NE 26 Street**
83 **Suite 212 E**
84 City **Fort Lauderdale FL** 85 Zip Code **33305**

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

Patricia A Burton vice President

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GROENDYKE, THOMAS A.	
STREET ADDRESS	500 E BROWARD BLVD. 17TH FLOOR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BURTON, PATRICIA A	
STREET ADDRESS	500 E BROWARD BLVD 17TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCINTOSH, ROBERT D	
STREET ADDRESS	500 E. BROWARD BLVD. 17TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Groendyke, Thomas	
1.3 STREET ADDRESS	500 E Broward Blvd 10th Floor	
1.4 CITY-ST-ZIP	FT Lauderdale FL 33394	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Burton, Patricia A	
2.3 STREET ADDRESS	1881 NE 26 St, Suite 212 E	
2.4 CITY-ST-ZIP	Fort Lauderdale FL 33305	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	McIntosh, Robert D.	
3.3 STREET ADDRESS	1418 Ponce de Leon Drive	
3.4 CITY-ST-ZIP	Fort Lauderdale FL 33316	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Patricia A Burton REV P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/15/99 954 568 3803

CR2E034 (11/98)