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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

NAME

K36267

(8)

1. Corporation Name						
DEBRA C. JAMES & STANLEY W. EPSTEIN, P.A.						
						# FROM THE COMMENT OF THE CONTROL OF
Principal Place of Business Mailing Address				_	s faminii and lifte atte ulain mitti tunt alali elett dinii ethii ethii fuat	
2189 SUNDERLAND AVE. 2189 SUNDERLAND AVENUE						
WELLINGTON FL 33414 WELLINGTON FL 33414 US US					DO NOT WRITE IN THIS SPACE	
03		US				3. Date Incorporated or Qualified
						10/04/1988
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0077598 Not Applicable
Suite, Apt	# etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
Zip	Country	Zip		Country		Trust Fund Contribution
24	25 Country	29 ZIP	<u> </u>	Journing		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24	9 Name and Address of Curren	1.0.0	30			10. Name and Address of New Registered Agent
IA	MES, DEBRA C	Triagistored Agent		81	Name	IU. Traine and Address of their magnitude Agent
2189 SUNDERLAND AVE.						
WELLINGTON FL 33414			82	Street .	Address (P.O. Box Number is Not Acceptable)	
WELLINGTON I E 00414			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 or registered agent and title if applicable. (NOTE, Registered				tered Age	nt signature	required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	- 1	1.1 TITLE		Change Addition
NAME	JAMES, DEBRA C.		1 "	1.2 NAME		100 Cunderland Ave
STREET ADDRESS	W DALA BOLLES		.3 STREET		2/89 34/124	
CITY-ST-ZIP	W PALM BCH FL		_	1.4 CITY - ST - ZIP		2/89 Sunderland Aver Wellington, FL 33414 Change Addition 2/89 Sunderland Ave. Decray Beach, FL 33414 Li Change Addition
TITLE	i '	☐ DELETE		2,1 TITLE		Change Addition
NAME	EPSTEIN, STANLEY W			2.2 NAME		augo Cunderland Ave.
STREET ADDRESS	637 OLEASTER AVE			2.3 STREET A		2/87 CA EL 22/11/1
CITY-ST-ZIP	W PALM BCH FL	- Desert		2. 4 CITY-ST-ZIP		Delray Beach, 1 1 33417
TITLE	ĺ	DELETE		3.1 TITLE		Change (Addition
NAME	1		1	.2 NAME		
STREET ADDRESS	1 1		3.3 STREET ADDRESS			
······································			.4. CITY-S	I - ZIP	Change Addition	
TITLE		L'I DETEIR	1	.1 TITLE		Change L Addition

CITY-ST-ZIP 14. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Flórida 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.

4,3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

Addition

Change

Change

FILED

Feb 03 1998 8:00am

Secretary of State