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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **K67064**

1. Corporation Name JOHNSON & PARTNERS, INC.

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90208 035 ***150.00



					1				
Principal Place	of Business	Mailing Address			┐ '"	TELEVILLE BIS BILLI LEGIT) 4 114 6 11111 6 181 6161	\$1611 B1611 G1611	6,81, 6,61, 100.
908C S.W. 72ND AVENUE 4908C S.W. 72ND AVENUE									
IIAMI FL 33155 MIAMI FL 33155					DO NOT WRITE IN THIS SPACE				
					3. Date Inc 02/15	corporated or Qu /1989	alifed		
. Principal Pk	ace of Business	2a. Mailing Address		<u> </u>	4. FEI Nur			Ar	pplied For
	0 SW 104 ST		<u>010</u>	<u> </u>	65-01	<u> 29566 </u>			ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifca	te of Status Desi	red 🗆	Fee Re	Additional equired
City & State		28 H AH	Rol	21DA		Campaign Final and Contribution	ncing	•	May Be to Fees
Zip	Country	Zip 22,56	Country	,		rporation owes th	e current year	•	□No
33		29 30	L.,			al Property Tax.	Now Posietor	Yes	- INO
	9. Name and Address of Current	Registered Agent	81	Name					
LORI	HARRIS JOHNSON		82	LOF		<u> </u>	Sation		
4908 C SW 72 AVENUE				Street Addr	40°58	Number is Not A	cceptable)	# 1	01
MIAN	Al FL 33155		83	M	AHI	FL	331	56	
			84	 				85 Zip	Code
							F	_	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	of Florida, Such change was author	orized by	the corporation	on's board of d	s this statement t irectors. I hereby	accept the app	of changing its pointment as re	gistered
_	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	i Statutes	s.					,
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	gistered Age	nt signature require	ed when reinstating)		DATE		
12.	OFFICERS AND		13.		ADDITIO	NS/CHANGES T	O OFFICERS		
TLE	DP	☐ DELETÉ	1.1 TITLE	-	· •			Change	Addition
AME	JOHNSON, DAVID WEARNE		1.2 NAME		7742	SWI	d ST	# 11	
TREET ADDRESS	4908C S.W. 72ND AVENUE				1740	11 FL	33	156	"
ITY-ST-ZIP	MIAMI FL		1.4 CITY-5	ST-ZIP	MIN	II PL	, 22		[] Addition
TTLE	DVP	☐ DELETÉ	2.1 TITLE		:			Change	_ ,
IAME	JOHNSON, LORI HARRIS		2.2 NAME	, ·	7740	SW 10	4 51	#/	0/
TREET ADDRESS	4908C SW 72ND AVENUE	Ĵ			MIA	MI FI		3156	
ATY-ST-ZIP	_MIAMI_FL	C ☐ DELETE	.2.4 CITY- 3.1 TITLE	ST-7IP				☐ Change	Addition
TLE .		Doctor	3.2 NAME	ĺ			•		
IAME				T ADDRESS					ľ
STREET ADDRESS			3.4. CITY-					•	
TILE	<u> </u>	☐ DELETE	4.1 TITLE					☐ Change	Addition
AME.			4. 2 NAME						1
TREET ADDRESS			4.3 STREE	T ADDRESS					,
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP					_
ITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
IAME			5.2 NAME						
TREET ADDRESS			5.3 STREE	T ADDRESS					
ITY-ST-ZIP			5.4 CITY-5	ST-ZIP					
ITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
IAME		j	6.2 NAME						
TREET ADDRESS				T ADDRESS					
ì			CACITY C	T 700 (- 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 cerporation 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:

3054617419