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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K74889

J. WILLIAM KIRKLAND, P.A.

Principal	Place	of	Business

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90065 038 ***150.00



Principal Place	e of Business	Mailing Address					
306 ALCAZAR A	AVENUE. 2ND FLOOR	306 ALCAZAR AVENUE. 2ND CORAL GABLES FL 33134	FLOOR			•	•
CONAL GABLE	3 FL 00104	COINE GADELS TE SOTO			DO NOT WRITE I	N THIS SPACE	
					3. Date Incorporated or Qualifed		
					03/23/1989		Ì
2 Defendant D	loss of Business	2a. Mailing Address			4. FEI Number	Ann	lied For
─ ' ' '	lace of Business				1		Applicable
21		26			65-0107058		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27				Fee Rec	
City & State	e ·	City & State			6. Election Campaign Financing	ղ \$5.00 ։	- 1
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	у	8. This corporation owes the current		
24	25	29 3	10		Personal Property Tax.	X Yes	□No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Regi	stered Agent	
	1.00		81	l Name	9		
KIRK	(LAND, J. WILLIAM:		-	 	Address (D.O. Barrishumb as in New Assessments)	 	_
	ALCAZAR AVENUE, 2ND FLOOF	₹	82	Stree	t Address (P.O. Box Number is Not Acceptable)	
	RAL GABLES FL 33134		83				-
001	THE CHECKED I'E GOIG!		"	1		:	
			84	4 City		FL 85 Zip C	ode
	, to Angres	O - COOT AFOR FILE STATE STATE		(0 nomo:	d corporation culture this statement for the nur		registered
11. Pursuant office or r	to the provisions of Sections pu7.050 registered agent, or both, in the State	of Florida Such change was au	thorized by	y the con	d corporation submits this statement for the pur poration's board of directors. I hereby accept th	e appointment as reg	jistered
agent. I a	m familiar with and accept the obliga	property, Section 607.0505, Florid	da Statute	S.	. 1	-/00	
					A 1		
	i i li	τ -			470	1/99	
SIGNATURE	Signature, typed or printed name of registered ager	ant and title if applicable. (NOTE: R	Registered Age		required when reinstating)	27/49 DATE	
	Signature, typed or printed name of registered ager	Int and title if applicable. (NOTE: R	Registered Age		470	DATE/ ERS AND DIRECTOR	RS IN 12
SIGNATURE	Signature, typeg or printed name of registered ager OFFICERS AN	ant and title if applicable. (NOTE: R	Registered Age		required when reinstating)	27/49 DATE	
SIGNATURE	Signature, types or printed name of registered ager OFFICERS AN	Int and title if applicable. (NOTE: R	Registered Age	ent signature	required when reinstating)	DATE/ ERS AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typeg or printed name of registered ager OFFICERS AN	Int and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME	ent signature	ADDITIONS/CHANGES TO OFFICE	DATE/ ERS AND DIRECTOR	RS IN 12
12. TITLE NAME STREET ADDRESS	Signature, types or printed name of registered ager OFFICERS AN D KIRKLAND, J. WILLIAM 306 ALCAZAR AVE., 2ND FL	Int and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME	ent signature	ADDITIONS/CHANGES TO OFFICE	DATE/ ERS AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, types or printed name of registered ager OFFICERS AN D KIRKLAND, J. WILLIAM	Int and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature	ADDITIONS/CHANGES TO OFFICE	DATE/ ERS AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, types or printed name of registered ager OFFICERS AN D KIRKLAND, J. WILLIAM 306 ALCAZAR AVE., 2ND FL	Int and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE	ent signature	ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTOR Change	RS IN 12
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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 suppliemental anguel 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 of trustee expressed 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 attagrament with appearance of the product of the corporation or the receiver of trustee expresses, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

(305) 446-1120