

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
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90088 036 ***150.00

DOCUMENT # K85790

1. Corporation Name

MICHAEL J. STYLES, P.A.

Principal Place of Business

826 N.E. 20TH AVE
FT LAUDERDALE FL 33304
US

Mailing Address

826 N.E. 20TH AVE
FT LAUDERDALE FL 33304
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1989

4. FEI Number

65-0119956

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

2. Principal Place of Business

21 888 S. Andrews Ave.

2a. Mailing Address

26 888 S. Andrews Ave.

Suite, Apt. #, etc.

22 Suite 301

Suite, Apt. #, etc.

27 Suite 301

City & State

23 Fort Lauderdale FL

City & State

28 Fort Lauderdale FL

Zip

24 33316

Country

25 US

Zip

29 33316

Country

30 US

9. Name and Address of Current Registered Agent

STYLES, MICHAEL J., ESQ.
826 N.E. 20TH AVE
FT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name

Styles, Michael J., Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

888 South Andrews Avenue

83 Suite 301

84 City Fort Lauderdale

FL

85 Zip Code

33316

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 of 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 of registered agent and title, applicable.

MICHAEL J. STYLES

2-19-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME STYLES, MICHAEL J.

STREET ADDRESS 826 N.E. 20TH AVE

CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change ☐ Change ☐ Addition

1.2 NAME

Styles, Michael J.

1.3 STREET ADDRESS

888 South Andrews Ave., Ste 301

1.4 CITY-ST-ZIP

Fort Lauderdale, FL 33316

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)