## May 05, 1999 8:00 am Secretary of State

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

05-05-1999 90226 045 \*\*\*150.00

## 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

## **DOCUMENT # L13070**

1. Corporation Name

JOHNSON, PARRISH & SAYLES, INC.

	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Principal Place of Business Mailing Address								
1860 N. CONGRE W. PALM BEACH		1860 N. CONGRESS AVENUE W. PALM BEACH FL 33401				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 09/01/1989		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-2550776		Not Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #	t, etc.			5. Certifcate of Status Desired		75 Additional ee Required
City & State	•	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees	
Zip	Country 25	Zip 29	Zip Country			This corporation owes the current year In     Personal Property Tax.	ntangible	
9. Name and Address of Current Registered Agent				$\Box$	10. Name and Address of New Registered Agent			
BRIO	N, JACQUES			81	Name			
1860 N. CONGRESS AVENUE				82	Street Address (P.O. Box Number is Not Acceptable)			
WEST PALM BEACH FL 33401				83				
				84	City	FI	85	Zip Code
				ļl			f abandir	na ite registered

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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE **BRION, JACQUES** 1.2 NAME NAME 1860 N. CONGRESS AVENUE 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61 TM F Change ☐ Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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:

CR2E034 (11/98)