Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90039 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L48083**

1. Corporation Name

MARK A. ADDUCI, P.A.

Principal Place of Business . Mailing Address .			• •	• •					
7301-A W. PALMETTO PARK ROAD 7301 A W PALMETTO PARK			ROAD						
SUITE 100C SUITE 100C						DO NOT WRITE	SIM THIS	SDACE	
BOCA RATON FL 33433 BOCA RATON FL 33433 US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
03						02/01/1990			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Apr	olied For
-	<u> </u>	ig Address			65-0063845		_ 	Applicable	
Suite, Apt.	# etc	Suite Ant # etc	Suite, Apt. #, etc.			-	_	\$8.75 A	
عادہ جوں 22 حمد	27 Saife				5. Certifcate of Status Desired	□.	Fee Re		
City & Stat	·	City & State				6. Election Campaign Financing		\$5.00	May Be
23	_	28				Trust Fund Contribution		Added to	
Zip	Country	Zip	Count	try	-	8. This corporation owes the current	t year Inta	ingible	
24	25	29	30			Personal Property Tax.	-		□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered /	Agent	
				31	Name				ĺ
ADDUCI, MARK			5	32	Street Address (P.O. Box Number is Not Acceptable)				
	FAIRFAX CIRCLE NORTH		1		01100171001				
LAN	TANA FL 33462		[8	33	,				
			-	34	City			85 Zip C	inde
	•			"	City		FL	103 2.0	
office or r	egistered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was autions of, Section 607.0505, Flori	thorized t da Statut	es.	e corporatio	oration submits this statement for the pon's board of directors. I hereby accept	the appoir	ntment as reg	jistered
40	Signature, typed or printed name of registered agen	D DIRECTORS	13.	gent s	agnature require	ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
TITLE	D OFFICERS AIN	DELETE	1.1 TITL			ABBINONO/ONNICE TO CIT		☐ Change	Addition
NAME	ADDUCI, SHERRI		1	1.2 NAME		·			_
STREET ADDRESS	7301 W PALMETTO PARK RD				DORESS				
	BOCA RATON FL								{
CITY-ST-ZIP TITLE				1.4 CITY-ST-ZIP		-		Change	Addition
			2.2 NAM					_	_
NAME			2.3 STR		DDDEEC				
STREET ADDRESS									1
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		ZIP			☐ Change	Addition
TITLE	The state of the s		3.2 NAM		**	and the second second		<u> </u>	_
NAME	1		3.3 STR		DDBESS				
STREET ADDRESS	,								
CITY-ST-ZIP	<u> </u>	□ DELETE	3.4. CIT		<u> </u>			Change	Addition
TITLE	_		4.7 MAJ						
NAME					000000				
STREET ADORESS			- 6		DDRESS				
CITY-ST-ZIP	<u> </u>	DELETE	4.4 CITY		414	-		Change	Addition
TITLE			5.1 TITU 5.2 NAM			,	•		
NAME ·	4		5.3 STR		DOBESS !	•			ł
STREET ADDRESS	1		5.4 CITY		i				}
CITY-ST-ZIP		DELETE	6.1 TITL		Lir .	-		Change	Addition
TITLE		€ Derese	6.2 NAM						
NAME					DODESS			•	ļ
STREET ADDRESS	l		0.3 \$ IK	ᄄᄗᄊ	DDRESS				

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:

CITY-ST-ZIP

561-368-6753