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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90237 042 \*\*\*150.00

019C383

DOCUMENT # L52648

1. Corporation Name

~~PAPY & WEISSENBORN, P.A.~~

PAPY, WEISSENBORN, POOLE & VRASPIR, P.A.

Principal Place of Business

201 ALHAMBRA CIRCLE  
502  
CORAL GABLES FL 33134  
US

Mailing Address

201 ALHAMBRA CIRCLE  
502  
CORAL GABLES FL 33134  
US

2. Principal Place of Business

21 3001 POND DE LEON

Suite, Apt. #, etc.

22 SUITE 214

City & State

23 CORAL GABLES, FL

Zip

24 33134

Country

25 U.S.A.

2a. Mailing Address

26 3001 POND DE LEON

Suite, Apt. #, etc.

27 SUITE 214

City & State

28 CORAL GABLES, FL

Zip

29 33134

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

PAPY, CHARLES C JR  
201 ALHAMBRA CIRCLE  
SUITE 502  
CORAL GABLES FL 33134

3001 POND DE LEON  
SUITE 214

81 Name

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

83

84 City

FL

85 Zip Code

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1990

4. FEI Number

65-0229210

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PAPY, CHARLES C. JR.  
STREET ADDRESS  
201 ALHAMBRA CIRCLE #502  
CITY-STATE-ZIP  
CORAL GABLES FL

TITLE ☐ DELETE

NAME  
WEISSENBORN, SHERIDAN K.  
STREET ADDRESS  
201 ALHAMBRA CIRCLE #502  
CITY-STATE-ZIP  
CORAL GABLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.22.99 (305) 446-5100

CR2E034 (11/98)