Mailing Address

SUITE 910

100 W. CYPRESS CREEK ROAD

FT LAUDERDALE FL 33309

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L56260**

1. Corporation Name

SUITE 910

Principal Place of Business

FT LAUDERDALE FL 33309

100 W. CYPRESS CREEK ROAD

FERDINAND & SULLIVAN, P.A.

		A 11 W A 11				4. FEI Number		onlind For	
2. Principal Place of Business		2a. Mailing Address						ot Applicable	
21		26				65-0185991	!	Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		equired	
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be	
23						Trust Fund Contribution	Added	to Fees	
Zip	Country Zip			Country		8. This corporation owes the current year Inta	ngible		
24	25 29 30		30	ō		Personal Property Tax.	☐ Yes	□No ⁴	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				81 Name					
SULLIVAN, KAREN M.				82 Street Address (P.O. Box Number is Not Acceptable)					
100 W CYPRESS CREEK RD SUITE 910				22 Substitutions (1.3. 25% 13. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15					
FT LAUDERDALE FL 33309				3					
			-	+	City 85 Zip C			Code	
			8-	4	City	FL	65 ZIP	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	tes, the abo	ve-r	named corpo	ration submits this statement for the purpose of	changing it	s 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: Projectored Apart signature required when reinstalling) DATE									
	Signature, typed or printed name of registered age			ent s	ignature required v	Thomas and the same of the sam	DIRECT	DPC IN 12	
12.			13.			ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition	
TITLE	-		1.1 TITLE				onungo		
NAME	FERDINAND, JON J.			1.2 NAME					
STREET ADDRESS	1		1.3 STRE	1.3 STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 CITY-ST-ZIP				- Addition	
TITLE	D DELETE		2.1 TITLE	2.1 TITLE			☐ Change	☐ Addition	
NAME	FERDINAND, JON J.		2.2 NAME	2.2 NAME					
STREET ADDRESS	ADDRESS 100 W. CYPRESS CREEK ROAD #910			2.3 STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY	2.4 CITY-ST-ZIP					
TITLE	PT DELETE		3.1 TITLE	3.1 TITLE			Change	☐ Addition	
NAME	Sullivan, Karen M.		3.2 NAME	3.2 NAME					
STREET ADDRESS	100 W CYPRESS CREEK RD SUITE 910		3.3 STRE	3.3 STREET ADDRESS				-	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4. CITY	3.4. CITY-ST-ZIP					
TITLE	D	☐ DELETE	4.1 TITLE				Change	Addition	
NAME	SULLIVAN, KAREN M. 4 2		4 2 NAM	E					
STREET ADDRESS	100 W OVERFOR OFFER BOAR #010		4.3 STRE	4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-	4.4 CITY-ST-ZIP					
TITLE			_	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME	5.2 NAME					
STREET ADDRESS			5.3 STRE	ET A	DDRESS				
	e.			54 CITY-ST-ZIP					
TITLE				TITLE			☐ Change	☐ Addition	
	C occent		6.2 NAME	6.2 NAME			_ •	_	
NAME	}				DORESS			ŀ	
STREET ADDRESS				6.3 STREET ADDRESS					

FILED Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90002 037 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

03/09/1990

Thereby 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: