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 # L83629

LOGGERHEAD ONE CORPORATION

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90030 012 ***158.75



Principal Place of Business	Mailing Address		.	T SABILEN DEN IDNA ENNE DEN ER SE	. 01611 01311 31311 9181	I BIBII (881
363 ATLANTIC BLVD. P.O. DRAWER 1929 ATLANTIC BEACH FL 32233 DELRAY BEACH FL 33447						
				DO NOT WRITE IN THIS SPACE		
				 Date Incorporated or Qualified 06/27/1990 		
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applie	ed For
26				65-0234900	Not A	pplicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Add	litional
22 27				5. Certificate of Status Desired	Fee Requi	ired
City & State City & State				6. Election Campaign Financing	\$5.00 Ma	y Be
23	28			Trust Fund Contribution	Added to F	ees
. Zip Country	Country Zip Countr		ry	8. This corporation owes the current year In		
. 25			<u></u> .	Personal Property Tax. Yes No		
9. Name and Address of Current	Registered Agent		-T":-	10. Name and Address of New Registered	I Agent	
FERBER, PAUL		8	1 Name	•		
CO 363 ATLANTIC BLVD.		8	2 Street Addr	et Address (P.O. Box Number is Not Acceptable)		
ATLANTIC BEACH FL 32233		8	3	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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		1	1	FI	85 Zip Cod	
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State or agent. I am familiar with, and accept the obligations.	i Fiorida. Ouch change was aut	INONZOU D	y trie corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	f changing its reg sintment as regist	istered ered
SIGNATURE				*		
Signature, typed or printed name of registered agent		Registered Ag	ent signature require	d when reinstating) DATE		@
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE PD	☐ DELETE	1.1 TITLE		Part Print	Change	Addition 🗦
NAME FERBER, PAUL S.		1.2 NAME				1 5
STREET ADDRESS 363 ATLANTIC BLVD.		1.3 STRE	ET ADDRESS	• •		بر ا
CITY-ST-ZIP ATLANTIC BEACH FL 32233	·	1.4 CITY-				
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NAME		5.2 NAME			·	
STREET ADDRESS				** * * * * * * * * * * * * * * * * * *		
513			ET ADDRESS			
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CITY-ST-ZIP	☐ DELETE	5.4 CITY- 6.1 TITLE 6.2 NAME	ST-ZIP		☐ Change [Addition
CITY-ST-ZIP	☐ DELETE	5.4 CITY- 6.1 TITLE 6.2 NAME	ST-ZIP ET ADDRESS		☐ Change [Addition

is the quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is the and accurate and that my signature shall have the same legal effect as if made under oath, that I am an improvered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with all other like empowered.

SIGNATURE: