

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

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

04-26-1999 90030 040 ***150.00

DOCUMENT # L89282

1. Corporation Name

BEVERLY FOX, P.A.

Principal Place of Business

**7481 W. Oakland Park Blvd.
Suite 203,
Lauderhill, FL 33319
US**

Mailing Address

**7481 W. Oakland Park Blvd.
Suite 203
Lauderhill, FL 33319**

2. Principal Place of Business

21 1860 N. Pine Island Road

2a. Mailing Address

26 1860 N. PINE ISLAND ROAD

Suite, Apt. #, etc.

22 Suite 106

Suite, Apt. #, etc.

27 SUITE 106

City & State

23 Plantation, FL 33322

City & State

28 PLANTATION, FL 33322

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FOX, BEVERLY

**7481 W. Oakland Park Blvd.
Suite 203
Lauderhill, FL 33319**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1990

4. FEI Number

65-0217812

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

81 Name

FOX, BEVERLY

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

1860 N. PINE ISLAND ROAD

83

SUITE 106

84 City

PLANTATION,

FL

85 Zip Code

33322

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **FOX, BEVERLY**

STREET ADDRESS **7481 W. Oakland Park Blvd. #203**

CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **FOX, BEVERLY**

1.3 STREET ADDRESS **1860 N. PINE ISLAND ROAD, #106**

1.4 CITY-ST-ZIP **PLANTATION, FL 33322**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 (954) 916-6622
Date Daytime Phone #

CR2E034 (11/98)