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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # L97190

1. Corporation Name

HOUSTON & SHAHADY, P.A.

Principal Place of Business

100 NE THIRD AVE.
SUITE 850
FT. LAUDERDALE FL 33301-1146

Mailing Address

100 NE THIRD AVE.
SUITE 850
FT. LAUDERDALE FL 33301-1146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1990

4. FEI Number

65-0222832

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

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 316 N.E. 4th Street
City & State

23 Fort Lauderdale, FL
24 33301 25 Country U.S.

2a. Mailing Address

26 Suite, Apt. #, etc.
27 316 N.E. 4th Street
City & State

28 Fort Lauderdale, FL
29 33301 30 Country U.S.

9. Name and Address of Current Registered Agent

HOUSTON, BART ALAN, ESQ.
100 N.E. THIRD AVE.
SUITE 850
FT. LAUDERDALE FL 33301-1146

10. Name and Address of New Registered Agent

81 Name

Bart A. Houston, Esq.

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

316 N.E. 4th Street

83

84 City

Fort Lauderdale

FL

85 Zip Code

33301

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
NAME SHAHADY, THOMAS R.
STREET ADDRESS 100 N.E. THIRD AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D
NAME HOUSTON, BART A.
STREET ADDRESS 100 N.E. THIRD AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director
1.2 NAME Shahady, Thomas R.
1.3 STREET ADDRESS 316 N.E. 4th Street
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

2.1 TITLE Director
2.2 NAME Houston, Bart A.
2.3 STREET ADDRESS 316 N.E. 4th Street
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)