

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90056 036 ***150.00

DOCUMENT # M59533

1. Corporation Name

STUART G. ELLIOT, P.A.



Principal Place of Business

9703 S DIXIE HWY
OFFICE 2
PINECREST FL 33156
US

Mailing Address

% STUART G. ELLIOT
9100 SOUTH DADELAND BLVD. SUITE 1119
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1987

4. FEI Number

65-0004637

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 9601 S. DIXIE HWY

Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL

Zip

24 33156

Country

25 USA

2a. Mailing Address

26 9601 S. DIXIE HWY

Suite, Apt. #, etc.

27 City & State

28 MIAMI, FL

Zip

29 33156

Country

30 USA

9. Name and Address of Current Registered Agent

ELLIOT, STUART G.
9703 S DIXIE HWY
OFFICE 2
PINECREST FL 33156

10. Name and Address of New Registered Agent

81 Name

ELLIOT, STUART G.

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

9601 S. DIXIE HWY

83

84 City

MIAMI

FL

85 Zip Code

33156

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.

STUART G. ELLIOT PRES.

DATE

4/28/99

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME
ELLIOT, STUART G.
STREET ADDRESS
9703 S DIXIE HWY, OFFICE 2
CITY-ST-ZIP
PINECREST FL 33156

☐ DELETE

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

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☐ Addition

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☐ Addition

☐ Change

☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STUART G. ELLIOT, Pres. 4/28/99 305-668-0881

Date

Daytime Phone #

CR2E034 (11/98)

0229371