

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M64158 (2)

1. Corporation Name

ISAACS & YEARGIN, P.A.



Principal Place of Business

Mailing Address

ONE CLEARLAKE CENTRE SUITE 503
SUITE 1401
WEST PALM BEACH FL 33401
US

ONE CLEARLAKE CENTRE SUITE 503
SUITE 1401
WEST PALM BEACH FL 33401
US

3. Date Incorporated or Qualified
01/08/1988

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0056723

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 250 Australian Ave. S.

26 250 Australian Ave. S.

22 Suite 1401

27 Suite 1401

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAACS, GARY A.82
SUITE 1401
250 AUSTRALIAN AVENUE, SO
WEST PALM BEACH FL 33401

81 Name
ISAACS, GARY A.

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

83

84 City

FL

85 Zip Code

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.

8/1/96

SIGNATURE Gary A. Isaacs

DATE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent's signature required when transferring)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD ☒ DELETE
NAME ISAACS, GARY A.
STREET ADDRESS 250 AUSTRALIAN AVE. SO #503
CITY - ST - ZIP W PALM BEACH FL

TITLE STD ☐ DELETE
NAME ISAACS, GARY A.
STREET ADDRESS 250 AUSTRALIAN AVE., SUITE 1401
CITY - ST - ZIP W PALM BEACH FL

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

11 TITLE STD ☐ Change ☒ Addition
12 NAME YEARGIN, DOUGLAS N.
13 STREET ADDRESS 250 AUSTRALIAN AVE. S., SUITE 1401
14 CITY - ST - ZIP WEST PALM BEACH, FL 33401

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS 250 AUSTRALIAN AVE. S., SUITE 1401
24 CITY - ST - ZIP WEST PALM BEACH, FL 33401

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gary A. Isaacs

Gary A. Isaacs

8/1/96

(561) 655-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #