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Secretary of State

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## 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 # M64158 1. Corporation Name

GARY A. ISAACS, P.A.

Principal Place of Business Mailing Address 250 AUSTRALIAN AVENUE. SOUTH 250 AUSTRALIAN AVE. SOU							
			e. South				
012, 710.		STE, 1401 West Palm Beach F	re. 1401 Vest Palm Beach Fl 33401		DO NOT WRITE IN THIS SPACE		
US US		2 00.0.		3. Date Incorporated or Qualifed	****	·	
					01/08/1988		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0056723	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> <i>∤</i>	
22		27			5. Defined to of class beared	Fee Re	quired
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00	
23		28		:	Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Coun	itry	8. This corporation owes the current	t year Intangible  Yes	□No
24	25	29	30		Personal Property Tax.  10. Name and Address of New Reg		
	9. Name and Address of Curr	rent Registered Agent		81 Name	10. Name and Address of New Keg	istered Agent	
ISAA	ACS, GARY A.			110.110			
	E 1401			82 Street Ad	dress (P.O. Box Number is Not Acceptable	e)	
	AUSTRALIAN AVENUE, SO		-	83			
	ST PALM BEACH FL 33401				·		
				84 City		E1 85 Zip (	Code
nffice or r	registered agent, or both, in the Sta Im familiar with, and accept the obli	ate of Florida. Such change w igations of, Section 607.0505	ras authorized i, Florida Statu	by the corpora tes.	rporation submits this statement for the pution's board of directors. I hereby accept the pution of	he appointment as re	gistered
- 10	Signature, typed or printed name of registered a	AND DIRECTORS	NOTE: Registered A	Agent signature requ	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	STDP	DELETI		£	ADDITIONOS OF IARTOLO TO STATE	☐ Change	☐ Addition
NAME	ISAACS, GARY A.		1.2 NAM				
STREET ADDRESS	OFO AUCTOALIAN AVENUE	SOUTH STE 1401		REET ADDRESS			
	WEST PALM BEACH FL	000111, 012, 110,		Y-ST-ZIP			
CITY-ST-ZIP TITLE	WEST TABLE SERVICE			1 0 , 2			
NAME		☐ DELET	E 2.1 TITL	.E		☐ Change	Addition
STREET ADDRESS	ì	☐ DELET	2.1 TIT.			☐ Change	Addition
CITY-ST-ZIP		☐ DELET	2.2 NA	ME	, · · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
TITLE		☐ DELET	2.2 NAM 2.3 STF	ME REET ADDRESS		☐ Change	Addition
		☐ DELETI	2.2 NAM 2.3 STF 2. 4 CIT	ME REET ADDRESS TY-ST-ZIP		Change	Addition
NAME			2.2 NAM 2.3 STF 2. 4 CIT	AE REET ADDRESS 'Y-ST-ZIP			
NAME STREET ADDRESS			2.2 NAM 2.3 STF 2.4 CIT E 3.1 TITL 3.2 NAM	AE REET ADDRESS 'Y-ST-ZIP			
			2.2 NAA 2.3 STF 2.4 CIT E 3.1 TITI 3.2 NAA 3.3 STF	ME REET ADDRESS TY-ST-ZIP LE			☐ Addition
STREET ADDRESS			2.2 NAA 2.3 STF 2.4 CIT E 3.1 TTT 3.2 NAA 3.3 STF 3.4. CIT	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP			
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP