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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M97117

1. Corporation Name

RESECCA B COLTON P.A

HEDEOO	A D. OOLION, FIA									
Principal Place	of Business	Mailing Address			I IEBIBĀNI NEI IBUNI IBURI NODIN		/IEII	1811 B.S.1 810	11 1441	
3055 CARDINAL VERO BEACH F		3055 CARDINAL DR #303 VERO BEACH FL 32963-4901 US			DO NOT WR	RITE IN THIS	SPACE			
US		08				3. Date Incorporated or Qualifect 09/02/1988				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applied F	-ог
21		26				59-2934 <u>938</u>			Not Appli	icable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired					
22		27				<u> </u>		Required		
City & State	е	City & State				6. Election Campaign Financing			00 May B	
23		28	On contra			Trust Fund Contribution			led to Fees	5
Zip	Country	Zip	Country	,		 This corporation owes the cur Personal Property Tax. 	rent year int	tangible Yes	□No	1
24	25 25 25 Curren	29 30	D]			10. Name and Address of New	Registered			
	9. Name and Address of Curre	nt Registered Agent	81	Name	e		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 1.g 1.		
COL	TON, REBECCA B.		82							
3055 CARDINAL DR, STE 303				Stree	et Addres	ss (P.O. Box Number is Not Accep	table)			
	O BEACH FL 32963		83	<u> </u>						
			84	City			FL	85 2	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 register 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.								ered ed		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	egistered Age	nt signatur	re required v	when reinstating)	DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO O	FFICERS AN	1D DIREC	CTORS IN	12
TITLE	P	☐ DELETE	1.1 TITLE					Char	nge 🔲 /	Addition
NAME	COLTON, REBECCA B.		1.2 NAME							
STREET ADDRESS	4890 13TH LANE		1.3 STREE	TADDRES	SS					
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-5	T-ZIP						
TITLE			2.1 TITLE					Char	nge 🔲 /	Addition
NAME .			2.2 NAME							
STREET ADDRESS			2.3 STREE	TADDRES	SS					
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE					Char	ige [_]/	Addition
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	TADDRES	ss					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP						A -1-1725
TITLE		☐ DELETE	4.1 TITLE					☐ Char	ige	Addition
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE		SS .					
CITY-ST-ZIP		O pereve	4.4 CITY-5	T-ZIP	+			☐ Char	nge [7	Addition
TITLE		☐ DELĒTE	5.1 TITLE 5.2 NAME						.a.c. □ /	,
NAME			5.2 NAME 5.3 STREE	TADDDEC						
STREET ADDRESS			5.4 CITY-S		~					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	21-LIF				☐ Char	nge 🗆	Addition
TITLE		C) DELETE	6.2 NAME							
NAME			6.3 STREE	T ANDRES	20					

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 on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

G OFFICER OR DIRECTOR

521-231-1440 Daytime Phone #

CR2E034 (11/98)