Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90034 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200009432

1. Corporation Name

KEVIN D. WILKINSON, P.A.

	• ,									
Principal Place	of Rueingse	Mailing Addres	<u> </u>					3 000 50 000 50 000 53	HA Ba rah Maria Mada	
		12794 W FORES								
28-B 28-B						}				
WEST PALM BEACH FL 33414 WEST PALM B			M BEACH FL 33414				DO NOT WRITE IN THIS SPACE			
us us							te Incorporated or Qua	lifed		1
		To Maritime Anto					/04/1992 Number		Δn	plied For
—i '	face of Business	2a. Mailing Add	ness				-0373933		⊢	t Applicable
Suite, Apt.	# etc	Suite, Apt. 4	#. etc.						\$8.75	
22	ж, ото.	27				5. Ce	rtifcate of Status Desire	ed 🗋	Fee Re	equired
City & State	e -	City & State	•			6. Ele	ction Campaign Financ	cing \square	\$5.00	May Be
23		28				Tru	st Fund Contribution		Added 1	to Fees
Zip	Country	Zip		Country			is corporation owes the	current year		
24	25	29	30				rsonal Property Tax.	D1-4	☐ Yes	
	9. Name and Address of Current	Registered Agent		81	Name	10, Na	me and Address of N	iew Registere	a Agent	
WILK	KINSON, KEVIN D			911	Name					
	4 W FOREST HILL BLVD			82	Street A	Address (P.O.	Box Number is Not Ac	ceptable)		
28-B				83	}					
	T PALM BEACH FL 33414		•							
				84	City			F	85 Zip 6	Code
44 Purpuant	to the provisions of Sections 607.0502	and 607 1508. Flo	rida Statutes, the	e above	e-named o	corporation su	bmits this statement fo	r the purpose	of changing its	registered
office or a	to the provisions of Sections 607.0502 registered agent, or both, in the State o m familiar with, and accept the obligati	it Florida. Such cha	nge was authori	zea by	the corbo	oration's board	of directors. I hereby	accept the app	oointment as re	gistered
DIONATURE										
SIGNATURE	Ol the bank of parents and appear	and title if conlicable	(NOTE: Registr	ered Agen	nt signature re	acuired when reinst	atiog)	DATE		
	Signature, typed or printed name of registered agent				nt signature re	equired when reinsta			AND DIRECTO	ORS IN 12
12.	OFFICERS AND	DIRECTORS		ered Agen	it signature re		ating) DITIONS/CHANGES TO		AND DIRECTO	DRS IN 12
12.	OFFICERS AND	DIRECTORS	DELETE 1.	13.	it signature re					
12.	OFFICERS AND	D DIRECTORS	DELETE 1.	13. 1 TITLE 2 NAME	it signature re					
12. TITLE NAME STREET ADDRESS	PSTD OFFICERS AND WILKINSON, KEVIN D	D DIRECTORS	1. DELETE 1. 1. 1.	13. 1 TITLE 2 NAME	T ADDRESS					Addition
12. TITLE NAME	OFFICERS AND PSTD WILKINSON, KEVIN D 12794 W FOREST HILL BLVD.,	DIRECTORS #28-B	DELETE 1. 1. 1.	13. 1 TITLE 2 NAME 3 STREET	T ADDRESS					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PSTD WILKINSON, KEVIN D 12794 W FOREST HILL BLVD.,	DIRECTORS #28-B	DELETE 1. 1. 1. DELETE 2.	13. 1 TITLE 2 NAME 3 STREET 4 CITY-S	T ADDRESS				☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PSTD WILKINSON, KEVIN D 12794 W FOREST HILL BLVD.,	DIRECTORS #28-B	1. DELETE 1. 1. 1. 1. DELETE 2. 2.	13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME	T ADDRESS				☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND PSTD WILKINSON, KEVIN D 12794 W FOREST HILL BLVD.,	#28-B	1. DELETE 1. 1. 1. 1. DELETE 2. 2. 2. 2.	13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S	T ADDRESS T- ZIP T ADDRESS				☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND PSTD WILKINSON, KEVIN D 12794 W FOREST HILL BLVD.,	#28-B	DELETE 1. DELETE 1. DELETE 2. DELETE 2. DELETE 3.	13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE	T ADDRESS T- ZIP T ADDRESS				☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PSTD WILKINSON, KEVIN D 12794 W FOREST HILL BLVD.,	#28-B	DELETE 1. DELETE 2. DELETE 2. DELETE 3. DELETE 3.	13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 1 TITLE 2 NAME	T ADDRESS T ZIP T ADDRESS ST ZIP				☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PSTD WILKINSON, KEVIN D 12794 W FOREST HILL BLVD.,	#28-B	DELETE 1. DELETE 2. DELETE 2. DELETE 3. 3. 3.	13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 2 NAME 3 STREET	T ADDRESS T. ZIP T ADDRESS ST. ZIP				☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PSTD WILKINSON, KEVIN D 12794 W FOREST HILL BLVD.,	#28-B	DELETE 1. DELETE 2. DELETE 3. DELETE 3. 3. 3.	13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 4 CITY-S 4 CITY-S	T ADDRESS T. ZIP T ADDRESS ST. ZIP				☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PSTD WILKINSON, KEVIN D 12794 W FOREST HILL BLVD.,	#28-B	DELETE 1. DELETE 1. DELETE 2. DELETE 3. DELETE 3. DELETE 4.	13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 1 TITLE	T ADDRESS T. ZIP T ADDRESS ST. ZIP				☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND PSTD WILKINSON, KEVIN D 12794 W FOREST HILL BLVD.,	#28-B	DELETE 1. DELETE 1. DELETE 2. 2. DELETE 3. 3. DELETE 4.	13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 5 NAME 1 TITLE 2 NAME	T ADDRESS T ZIP T ADDRESS ST ZIP T ADDRESS ST ZIP				☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND PSTD WILKINSON, KEVIN D 12794 W FOREST HILL BLVD.,	#28-B	DELETE 1. 1. 1. 1. DELETE 2. 2. 2. 2. DELETE 3. 3. 3. DELETE 4. 4.	13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET	T ADDRESS T- ZIP T ADDRESS ST- ZIP T ADDRESS ST- ZIP T ADDRESS				☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WILKINSON, KEVIN D 12794 W FOREST HILL BLVD., WEST PALM BEACH FL	#28-B	DELETE 1. DELETE 2. DELETE 3. DELETE 4. 4. 4.	13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 5 NAME 1 TITLE 2 NAME	T ADDRESS T- ZIP T ADDRESS ST- ZIP T ADDRESS ST- ZIP T ADDRESS				☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD WILKINSON, KEVIN D 12794 W FOREST HILL BLVD., WEST PALM BEACH FL	#28-B	DELETE 1. DELETE 1. DELETE 2. 2. 2. DELETE 3. 3. 3. DELETE 4. 4. DELETE 5.	13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 3 STREET 4 CITY-S 4 CITY-S 4 CITY-S 4 CITY-S	T ADDRESS T- ZIP T ADDRESS ST- ZIP T ADDRESS ST- ZIP T ADDRESS				☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD WILKINSON, KEVIN D 12794 W FOREST HILL BLVD., WEST PALM BEACH FL	#28-B	DELETE 1. DELETE 1. DELETE 2. 2. DELETE 3. 3. DELETE 4. DELETE 4. DELETE 5.	13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE 2 NAME 3 STREET	T ADDRESS T- ZIP T ADDRESS ST- ZIP T ADDRESS ST- ZIP T ADDRESS				☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD WILKINSON, KEVIN D 12794 W FOREST HILL BLVD., WEST PALM BEACH FL	#28-B	DELETE 1. 1. 1. 1. 1. 1. 1. DELETE 2. 2. 2. 2. DELETE 3. 3. 3. DELETE 4. 4. 4. DELETE 5. 5.	13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE 2 NAME 3 STREET	T ADDRESS T- ZIP T ADDRESS ST- ZIP T ADDRESS T- ZIP T ADDRESS T- ZIP T ADDRESS T- ZIP				☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD WILKINSON, KEVIN D 12794 W FOREST HILL BLVD., WEST PALM BEACH FL	#28-B	DELETE 1. DELETE 1. DELETE 2. 2. DELETE 3. 3. DELETE 4. 4. DELETE 5. 5. 5.	13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET	T ADDRESS T- ZIP T ADDRESS ST- ZIP T ADDRESS T- ZIP T ADDRESS T- ZIP T ADDRESS T- ZIP				☐ Change ☐ Change ☐ Change	Addition Addition 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.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP