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Mar 30, 1999 8:00 am  
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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000000964

1. Corporation Name  
HENRY DEAN, P.A., C.P.A.

Principal Place of Business  
ONE S OCEAN BLVD  
STE 210  
BOCA RATON FL 33432  
US

Mailing Address  
ONE S OCEAN BLVD  
STE 210  
BOCA RATON FL 33432  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1993

4. FEI Number

65-0380994

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 owes the current year Intangible Personal Property Tax.

Yes No

2. Principal Place of Business  
21 DEL IDA PROFESSIONAL DISTRICT  
Suite, Apt. #, etc.

2a. Mailing Address  
26 Suite, Apt. #, etc.

22 251 N.E. DIXIE BLVD  
City & State

27 City & State

23 DELRAY BEACH FL 33444  
Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEAN, HENRY L  
ONE SOUTH OCEAN BLVD  
SUITE 210  
BOCA RATON FL 33432  
DEL IDA PROFESSIONAL DISTRICT  
251 N.E. DIXIE BLVD  
DELRAY BEACH, FL 33444

81 Name  
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Table with 12 rows and 2 columns: 12. OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for DEAN, HENRY L.

Table with 13 rows and 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP.

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 REQUIRED (Handwritten signature)

3/22/99

(561) 276-2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)