

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90006 038 ***550.00

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PROFIT CORPORATION;
 ANNUAL REPORT,
1999



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

DOCUMENT # **P93000005062**

1. Corporation Name

JOSE M. SOSA, ATTORNEY AT LAW, P.A.



Principal Place of Business

12 S. DIXIE HWY
 204
 LAKE WORTH FL 33460
 US

Mailing Address

12 S. DIXIE HWY
 204
 LAKE WORTH FL 33460
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1993

4. FEI Number

65-0382738

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. Yes No

Principal Place of Business

1892 Abbey Rd

2a. Mailing Address

26 P.O. Box 1225

Suite, Apt. #, etc.

WEST PALM BCH

Suite, Apt. #, etc.

27 W.P.B. FL

City & State

FL

City & State

28 FL

Zip

25 33406

Country

Zip

29 33407

Country

30

9. Name and Address of Current Registered Agent

SOSA, JOSE M
 12 S. DIXIE HWY
 SUITE 204
 LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

I, 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

OFFICERS AND DIRECTORS

LE	DE	STREET ADDRESS	Y-ST-ZIP	DE	STREET ADDRESS	Y-ST-ZIP	DE	STREET ADDRESS	Y-ST-ZIP	DE	STREET ADDRESS	Y-ST-ZIP
	<input type="checkbox"/> DELETE	SOSA, JOSE M	LAKE WORTH FL									
	<input type="checkbox"/> DELETE											
	<input type="checkbox"/> DELETE											
	<input type="checkbox"/> DELETE											

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

6/30/99

561-432-7466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)