

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 # P93000006252**

1. Corporation Name

**JOHN P. BARBEE, TRUSTEE, P.A.**

Principal Place of Business

**4901 N FEDERAL HWY  
STE. 300 NATIONSBANK BLDG  
FT LAUDERDALE FL 33308  
US**

Mailing Address

**4901 N. FEDERAL HWY.  
STE. 300 NATIONSBANK BLDG.  
FT. LAUDERDALE FL 33308**

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90053 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/22/1993**

4. FEI Number

**65-0384532**

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 3201 W. Commercial Blvd**

2a. Mailing Address

**26 3201 W. Commercial Blvd**

Suite, Apt. #, etc. **Lakeshore**

Suite, Apt. #, etc. **Lakeshore**

**22 Ste 114 Business Center**

**27 Ste 114 Business Center**

City & State

**23 Ft Lauderdale FL**

City & State

**28 Ft Lauderdale FL**

Zip Country

**24 33309 25 US**

Zip Country

**29 33309 30 US**

9. Name and Address of Current Registered Agent

**BARBEE, JOHN P  
4901 N. FEDERAL HIGHWAY  
STE. 300 NATIONSBANK BLDG.  
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name

**Barbee, John P.**

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

**3201 W. Commercial Blvd**

83

**Ste 114 Lakeshore Business Center**

84 City

**Ft Lauderdale**

**FL**

85 Zip Code

**33309**

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

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PSTD  
BARBEE, JOHN P  
411 POINCIANA DR.  
FT. LAUDERDALE FL 33301**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

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CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ 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

**PSTD**

**Barbee, John P.**

**3445 NW 44th Street #106**

**Ft Lauderdale FL 33309**

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/99 (954) 835-0034