## 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

## FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90024 014 \*\*\*150.00

DOCU	MENT # P93000	026019			
1. Corporation	on Name	020010	4		
ANTHO	NY L. DUTTON, P.A.			<b>1</b> .	
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Outrain of Oto-		Mailing Address			1 <b>4</b> (1814 6)(1) 0816) (1814 1811 188)
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2000 GLADES RD 2000 GLADES RD					
SUITE 400 SUITE 400 BOCA RATON FL 33431 BOCA RATON FL 33431			DO NOT WRITE IN THI	IS SDACE	
book initial is some				3. Date Incorporated or Qualifed	I O O F A O E
				04/08/1993	
2 Principal B	Place of Business	2a. Mailing Address		4. FEI Number	
_	lace of business	<u> </u>		65-0400287	Applied For
21 Suite, Apt.	# ata	Suite, Apt. #, etc.		03-0400201	Not Applicable
	. #, <del>U</del> .C.	<del></del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	<del></del>	City & Chate	<del></del>	<del>                                     </del>	
City & Star	(e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year le	= - 1
24	25	<del></del>	30	Personal Property Tax.	☐ Yes ☐ No
<u> </u>	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Registered	a Agent
LIDA	NWG CORP	The Marine Marine State of the	Name	•	
2000 GLADES RD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
			Little for a production of a second and a second	eller om detek markke politika og det et må	
SUITE 400			83		制度為 無知關助制 ]
ROC	CA RATON FL 33431		84 City		85 Zip Code
			John City	· Fi	L 65 Zip Code
11. Pursuant	to the provisions of Sections 607,0502	2 and 607 1508 Florida Statute	- 4b		of obanging its registered
		c and dor, 1500, I londa statute	is, the above-named corp	poration submits this statement for the purpose of	or changing its registered
office of i	registered agent, or both, in the State of am familiar with, and accept the obligati	of Florida. Such change was autions of Section 607,0505. Flori	is, the above-named corp ithorized by the corporation ida Statutes.	poration submits this statement for the purpose on's board of directors. I hereby accept the appoint	ointment as registered
™ agent. I a	am familiar with, and accept the obligati	of Florida, Such change was autions of, Section 607.0505, Flori	is, the above-named corporation in the corporation of the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	ointment as registered
office of longent. La	am familiar with, and accept the obligati	ions of; Section 607.0505, Flori	is, the above-named corporation of the corporation of the corporation of the statutes.  Registered Agent signature requires		ointment as registered
™ agent. I a	am familiar with, and accept the obligati	t and title if applicable. (NOTE:	ida Statutes.		
SIGNATURE	am familiar with, and accept the obligate Signature, hyped or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE:	ida Statutes. Registered Agent signature require	ad when reinstating) DATE	
signature  12.	am familiar with, and accept the obligate Signature, hyped or printed name of registered agent OFFICERS AND	tions of; Section 607.0505, Flori t and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature require	ad when reinstating) DATE	AND DIRECTORS IN 12
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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
Anthony L. Dutton, President

1/13/98 (561)394-0500 Daysime Phone # 22E034 (14/98)