Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90286 005 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000034662

1. Corporation Name

Principal Place of Business

CALDWELL & CALDWELL, P.A.

619 SW 14TH S BOCA RATON F		619 SW 14TH ST BOCA RATON FL 33486			DO.NOT-WRITE IN-THIS:	SPACE-	
US		<u>us</u>		شيخ خچسيت	3. Date Incorporated or Qualifed 05/12/1993		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21		26 1279 W. Yalma	26 1279 W. talmetto tark Road		52-1829975		Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional
22		27 2152	27 2152		5. Certificate of Status Desired	Fee	Required
City & State City & State				4	6. Election Campaign Financing	\$5.0	00 May Be
23		28 Bock Ration	28 Bock Ration Horida		Trust Fund Contribution	Add	ed to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Inta	ıngible	
24	25	29 33427 30	()3	: A	Personal Property Tax.	Yes	X(No _
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent	
-			81	Name			1
JOHN L. CALDWELL				82 Street Address (P.O. Box Number is Not Acceptable)			
619 SW 14TH ST			102	Street Addres	iss (P.O. Box Number is NOT Acceptable)		,)
BOC	A RATON FL 33486		83		78/49/41		
-			84	City	Fl	85 Z	Zip Code
		ED2 and ED7 1ED9 Elorida Statutos (the above	named como		changing	its registered
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. Thereby 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 a	gent and title if applicable. (NOTE: Reg	istered Ager	t signature required			
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PS	☐ DELETE	1.1 TITLE			Chan	ge Addition
NAME	CALDWELL, JOHN L	į	1.2 NAME	ļ			Ļ
STREET ADDRESS	619 SW 14TH ST		1.3 STREET	ADDRESS			1
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-S	T-ZIP			
TITLE	VT	☐ DELETE	2.1 TITLE			Chan	ge 🗌 Addition
NAME .	CALDWELL, LINDA D	,	2.2 NAME	-			ļ
STREET ADDRESS	619 SW 14TH ST	;	2.3 STREET	ADDRESS			1
CITY-ST-ZIP	BOCA RATON FL		2,4 CITY-5	T-7IP	•.		
TITLE	500111111111	☐ DELETE	3.1 TITLE	-		☐ Chan	ge Addition
NAME			3.2 NAME		•		1
·			3.3 STREET	ADDRESS			
STREET ADDRESS			3.4. CITY-5	·			ì
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	il-Zir		Chan	ge Addition
اعتداد الما		*	4. 2 NAME	_1		_	-
NAME			4.3 STREE	***************************************			
STREET ADORESS							1
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.4 CITY-S 5.1 TITLE	1- LIP		☐ Chan	nge Addition
) TITLE	•	F) DEFFIE	5.1 NAME				
NAME				TADDDECC			
STREET ADDRESS	•		5.3 STREET				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		·	
TITLE		☐ DELETE	6.1 TITLE	İ		Char	nge
NAME		1	6.2 NAME				
STREET ADDRESS			6.3 STREE	ADDRESS			

6.4 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.

SIGNA

SIGNATURE: