


FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90033 028 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000037371

1. Corporation Name
RIGELL, LEAL & RING P.A.



Principal Place of Business 250 S AUSTRALIAN AVE SUITE 1200 WEST PALM BEACH FL 33401 US	Mailing Address PO BOX 3148 WEST PALM BEACH FL 33402-3148
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1615 FORUM PLACE	2a. Mailing Address 26 SAME	3. Date Incorporated or Qualified 05/25/1993	4. FEI Number 65-0411923	Applied For <input type="checkbox"/> Not Applicable
22 SUITE 200	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 WEST PALM BEACH, FL	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 33401 25 USA	29	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent RIGELL, DAVID R 250 S. AUSTRALIAN AVE., SUITE 1200- 8TH FLOOR- WEST PALM BEACH FL 33401	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1615 FORUM PLACE 83 SUITE 200 84 City WEST PALM BEACH FL 85 Zip Code 33401
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RIGELL, DAVID R		1.2 NAME	
STREET ADDRESS 8840 THOUSAND PINE COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL 33411		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEAL, CHARLES E		2.2 NAME	
STREET ADDRESS 207 BODY COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP JUPITER FL 33477		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RING, MICHAEL J.		3.2 NAME	
STREET ADDRESS 2810 NE 40TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: SIGNATURE REQUIRED Date: 4/27/99 Daytime Phone #: 561-688-9899

CR2E034 (1/98)