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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P93000050111**1. Corporation Name

J. MARK MAYNOR, P.A.

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Apr	, X
SUITE 160 SUITE 160 WEST PALM BEACH FL 33409 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/12/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Apr	
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2. Principal Place of Business 2a. Mailing Address 4. FEI Number Apr	3
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CE_0404646	pplied For
	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 A	Additional Required
City & State City & State Selection Comparing Financing \$5.00	May Be
	l to Fees
Zip Country Zip Country 8, This corporation owes the current year Intangible	•
	□No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	. 4
MAYNOR, J. MARK 82 Street Address (P.O. Box Number is Not Acceptable)	
580 VILLAGE BLVD	51,000 00 0.51 15.01
SUITE 160 83 (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	WELL BOOK
WEST PALM BEACH FL 33409	91 (1881 181 1891
84 City FL 85 Zip C	Code I
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	
of the arregistered agent or both in the State of Florida, Such change was authorized by the corporation's heard of directors. I hereby accept the appointment as rec	s 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 regardless agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	s registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as recagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	s registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as recagent. 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)	s registered egistered
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Agent. I am familiar with, and accept the obligations of, Section 607.0505, Floridal Statutes. SIGNATURE Signature, typed or printed name of registared agent and title if appicable. (NOTE: Registered Agent signature required when reinstating) DATE	ORS IN 12 Addition 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90027 042 ***150.00

☐ Change

☐ Addition