

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 # P93000080298

1. Corporation Name

MICHAEL RICHTER, C.P.A., P.A.

Principal Place of Business

123 NW 13 ST
SUITE 208
BOCA RATON FL 33432
US

Mailing Address

1768 NEWPORT CLUB DRIVE
SUITE 208
BOCA RATON FL 33496
US

2. Principal Place of Business

21 123 NW 13 ST

2a. Mailing Address

26 1768 NW 13 ST

Suite, Apt. #, etc.

22 208

Suite, Apt. #, etc.

27 208

City & State

23

City & State

28

Zip Country

24

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

RICHTER, MICHAEL
17168 NEWPORT CLUB DRIVE
SUITE 212
BOCA RATON FL 33496

3. Date Incorporated or Qualified

11/22/1993

4. FEI Number

65-0470631

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 D
NAME RICHTER, MICHAEL
STREET ADDRESS 123 NW 13 ST SUITE 212
CITY-ST-ZIP BOCA RATON FL 33432

☐ DELETE

TITLE
NAME
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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

123 NW 13 ST #208

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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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 changes are 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 #

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90236 015 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)