

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
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90099 040 ***150.00

DOCUMENT # P93000082701

1. Corporation Name

LINDA JOFFE & ASSOCIATES, INC.

Principal Place of Business

500 S. AUSTRALIAN AVE
SUITE 120
WEST PALM BEACH FL 33401
US

Mailing Address

500 S. AUSTRALIAN AVE
SUITE 120
WEST PALM BEACH FL 33401
US

2. Principal Place of Business

21 160 S. ARMOR RD

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Columbus OH

24 43209 25 USA

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

PAINE, JEFFREY A
500 S. AUSTRALIAN AVE.
SUITE 120
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1993

4. FEI Number

65-0459298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 of the registered agent and time if applicable.

(NOT required for new agent; required when reinstating)

DATE

4/5/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
PAINE, JEFFREY A
STREET ADDRESS 500 S. AUSTRALIAN AVE. SUITE 120
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME P
JOFFE, LINDA
STREET ADDRESS 500 S. AUSTRALIAN AVE. SUITE 120
CITY-ST-ZIP WEST PALM BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 614-236-0600

CR2E034 (11/98)