**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90047 043 \*\*\*150.00

## DOCUMENT # P93000082728

GEORGE A. FIZELL, INC.

LAMONT & NEIMAN, P.A.

MIAMI FL 33131

ONE BISCAYNE TOWER, SUITE 3550 2 SOUTH BISCAYNE BOULEVARD

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Zip	Country		Zip	Country	8, This
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City & State			City & State		6. Elec
		27	. , .		5. Cert
Suite, Apt. #, etc.		— <del>           </del>	Suite, Apt. #,	etc.	
		26	•		65
2. Principal Place of Business		2a	. Mailing Addre	SS	4. FEI
					3. Date 11/
14099 MICOSUKEE TRAIL PALM BEACH GARDENS FL 33418		14 PA			
Principal Place of Business	М	Į			

	DO NOT WRIT	E IN THI	S SPACE	<u> </u>		
3.	Date Incorporated or Qualifed 11/23/1993					
4.	FEI Number		T_	Applied For		
	65-0449452			Not Applicable		
5.	Certificate of Status Desired	<u> </u>		75 Additional ee Required		
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
8.	This corporation owes the curre Personal Property Tax.	ent year Ir	ntangible Yes	E CONTO		
10.	Name and Address of New R	egistered	i Agent			
Name						
Street Address (F	O. Box Number is Not Accepta	ble)				
	_					
City		F	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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOT)	E: Registered Agent signature re	equired when reinstating)	<del></del>	DATE	
12.	OFFICERS AND DIRECTORS	13.		S/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	D DELETE	1.1 TITLE		<u> </u>	☐ Change	Addition
NAME	FIZELL, GEORGE A	1.2 NAME				
STREET ADDRESS	AAAAA ARAAAA TOAN	1.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	1.4 CITY-ST-ZIP				
TITLE	☐ DELETE	2,1 TITLE			☐ Change	Addition
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS	,			
CITY-ST-ZIP		2.4 CITY-ST-ZIP		<u> </u>		
TITLE	☐ DELETE	3.1 TITLE			Change	Additio Additio
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CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	□ DELETÉ	51 TITLE			☐ Change	☐ Additio
NAME		5.2 NAME	)			
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				<del></del>
TITLE	☐ DELETE	6.1 TITLE	ĺ		☐ Change	Addition
NAME		6.2 NAME	İ			
STREET ADDRESS		6.3 STREET ADDRESS	}		,	
CITY OT 710		6.4 CITY-ST-ZIP	1			

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 suppliemental 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:

5616277755 Daytime Phone #