Mar 22, 1999 8:00 am

**Secretary of State** 

03-22-1999 90025 028 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT. 1999 Pin



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000084119

1. Corporation Name

DONALD, O'BRIEN AND STEIN, INC.

Principa) Place	e of Business	Mailing Address						•
1128 ROYAL PA	ILM BEACH BLVD	1128 ROYAL PALM BEACH BLVD						
#206		#208				DO NOT WRITE IN THIS SPACE		
ROYAL PALM B	EACH FL 33411	ROYAL PALM BEACH FL 33411 US				DO NOT WRITE IN THIS SPACE		
US		us				3. Date Incorporated or Qualifed 12/03/1993		
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	11	Applied For
<u>'</u>	acc of Busiliess	26				65-0451133	<del>  -</del>	Not Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.				\$8.74	5 Additional
		27				5. Certifcate of Status Desired	1	Required
City & State	A	City & State				6. Election Campaign Financing	\$5.0	0 May Be
<u></u>		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip Country				8. This corporation owes the current		,
			30			Personal Property Tax.	you intelligion	
24	9, Name and Address of Curren		30 <sub>1</sub>		<del></del>	10. Name and Address of New Regi		
-	9. Name and Address of Curren	r vediatelen videlit	1	81	Name	10.		
KEENER, SUSAN								
	PIMLICO WAY			82	Street Addre	Address (P.O. Box Number is Not Acceptable)		
•	AL PALM BEACH FL 33324		83					
1,012	AL I ALIN DENOTITE 00024		-	83				
			]	84	City		FL 85 3	Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	s, the ab	 10VB-	named corpo	oration submits this statement for the pur	pose of changing	its:registered_
office or r	egistered agent, or both, in the State i	of Florida. Such change was aut	thorized	by th	he corporatio	on's board of directors. I hereby accept th	e appointment as	registered
1 1	m familiar with, and accept the obliga	ions of, Section 607.0505, Flori	ua Siaiu	les.				İ
SIGNATURE		and title if englishing as a /NOTE: I	Panistered	Agent :	sionature required	d when reinstating)	DATE	
Stgnature, typed or printed name of registered agent and title if applicable. * * (NOTE:  12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	TORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Chang	ge 🔀 Addition
NAME	KEENER, SUSAN		1.2 NAME					}
STREET ADDRESS					ODRESS	,		
ļ ,	ROYAL PALM BEACH FL		1.4 CITY-\$T(ZIP)		_		3	33411
CITY-\$T-ZIP			2.1 TIT				Chang	ge Addition
TITLE		_ 5222.1	2.2 NAME		Ì			_
NAME -								}
STREET ADDRESS			2.3 STREET ADDRESS		Į.			
CITY-ST-ZIP		□ ocusts	2. 4 CF		-ZIP		Chang	ne Addition
TITLE			3.1 ™		-	·	<ul> <li> □ cusué</li> </ul>	Po 'L' Monnoul
NAME			3.2 NA		ļ			ļ
STREET ADDRESS			3.3 STI	REETA	ADDRESS			
CITY-ST-ZIP			3.4. CI		-ZIP			
TITLE		☐ DELETE	4.1 TITLE				☐ Chang	ge
NAME			4. 2 N	ME				
STREET ADDRESS			4.3 STI	REET A	ADDRESS			į
CITY-ST-ZIP			4.4 CITY- S		ZIP			
TITLE		☐ DELETE	5.1 TITLE			_	Chang	ge 🗌 Addition
NAME			5.2 NA	ME				1
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-	ZIP	_		
TITLE	☐ DELETE 6.		6.1 TIT	LE _			Chang	ge Addition
NAME			6.2 NA	ME	]			)
STREET ADORESS			6.3 ST	REETA	ADORESS			

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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

806-224-0338