Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90090 021 ***150.00

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PROFIT * **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400000301

1. Corporation Name

WILLIAM P. THOMAS, P.A.

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Principal Place	e of Business	Mailing Ad	ldress											
			ORTH UNIVERSITY DRIVE											
SUITE 108			SUITE 108					DO NOT WRITE IN THIS SPACE						
TAMARAC FL 33321 US			TAMARAC FL 33321 US				}	3. Date Incorporated or Qualifed						
								01/03	3/1994	Ol Quali				
2. Principal Pl	lace of Business	2a. Mailing	Address					4. FEI Nu						Applied For
21		26					. Ì	<u>65-0</u> 4	1569 <u>09</u>					Not Applicable
Suite, Apt.	#, etc.	Suite, A	Apt. #, etc.		-			E Cortifo	ate of Statu	e Dociror	ı 🗆	3		Additional
22		27						5. Certilo	ate of State	a Desirot	· _		Fee	Required
City & State	ie	City &	State		~			6. Electio	n Campaigr	n Financi	ng 🗀	1		0 May Be
23		28	_					Trust F	und Contril	bution			Adde	d to Fees
Zip	Country	Zip			Country			8. This co	orporation o	wes the	current y	year Inta		
24	25	29		30				Persor	al Property	Tax.			Yes	□ No
	9. Name and Address of C	urrent Registered A	gent					10. Name	and Addre	ss of Ne	w Regi	stered /	Agent	
					81	Name)	,						
	MAS, WILLIAM P				82	Cton	<u> </u>	(D.O. Box	Number is	Not Acc	antable)			
7797	7 north university drivi	E			02	Street	Address	s (P.O. DO)	(Number 15	INDI ACCI	eptable	•		
. Suit	TE 108				83		_							
TAM	IARAC FL 33321						_							
					84	City						FI	85 Zi	p Code
44 Durawant	to the provisions of Sections 60	7 0502 and 607 1508	Florida Stati	tutae th	he above	a_namer	1 cornors	ation submi	ts this state	ment for	the num	onse of i	changing	its registered
i office or re	egistered agent, or both, in the R	State of Florida. Such	change was	autnor	пиеару	me con	poration's	s board of	directors. I I	hereby a	cept the	e appoir	tment as	registered
agent I a	m familiar with, and accept the	obligations of, Section	1 607.0505, Fi	Torida S	Statutes.									
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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 receive of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP