


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 07, 1999 8:00 am
Secretary of State
07-07-1999 90001 009 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000023499 ✓
1. Corporation Name
JEFFREY A. ORNSTEIN, P.A.

Principal Place of Business
~~940 EUCALYPTUS RD~~
~~NORTH PALM BEACH FL 33408~~
~~US~~

Mailing Address
~~940 EUCALYPTUS RD~~
~~NORTH PALM BEACH FL 33408~~
~~US~~



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/25/1994

4. FEI Number
65-0482073

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. ☐ Yes ☐ No

2. Principal Place of Business
21. **JEFFREY A. ORNSTEIN, P.A.**
Suite, Apt. #, etc. **ARCHITECT**
22. **15695 76th TRAIL NORTH**
City & State **PALM BEACH GARDENS, FL**
23. **33418**
Zip
24. **US**
Country

2a. Mailing Address
26. **JEFFREY A. ORNSTEIN, P.A.**
Suite, Apt. #, etc. **ARCHITECT**
27. **15695 76th TRAIL NORTH**
City & State **PALM BEACH GARDENS, FL**
28. **33418**
Zip
29. **US**
Country

9. Name and Address of Current Registered Agent
KRAMER, SCOTT
1155 U.S. HIGHWAY ONE
SUITE 205
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent
81. Name **JEFFREY A. ORNSTEIN, P.A.**
82. Street Address (P.O. Box Number is Not Acceptable) **ARCHITECT**
83. **15695 76th TRAIL NORTH**
84. City **PALM BEACH GARDENS, FL**
85. Zip Code **33418**

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 JEFFREY A. ORNSTEIN DATE 7.1.99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
D
ORNSTEIN, JEFFREY A
~~**940 EUCALYPTUS RD**~~
~~**NORTH PALM BEACH FL 33408**~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
JEFFREY A. ORNSTEIN, P.A.
ARCHITECT
15695 76th TRAIL NORTH
PALM BEACH GARDENS, FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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.

SIGNATURE: JEFFREY A. ORNSTEIN, PRESIDENT DATE: 7.1.99 5617452205

CRZE034 (5/99)