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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90081 024 ***150.00

DOCUMENT # P9400030407

1. Corporation Name

| CHAHLE | S M. PASCO, P.A. | | | | | |
|---------------------------------------|--|---|--|---|---------------------------|----------------------------------|
| Principal Place | of Business | Mailing Address | <u> </u> | -i i fållidåt im imit åteti metti gåtit entit de | IRS fiftt Ballif Bilbin & | 1()) (88) (89) |
| 2300 W OAKLAI | ND PARK BLVD | 2300 E OAKLAND PARK BLV | /D | | | |
| SUITE 300 | | SUITE 300 | | DO NOT WRITE IN TH | IIS SPACE | |
| FT LAUDERDALE FL 33306 US | | FT LAUDERDALE FL 33306 US | | 3. Date Incorporated or Qualifed | | |
| 03 | | 00 | | 04/20/1994 | | |
| 2 Principal P | ace of Business | 2a. Mailing Address | | 4. FEI Number | App | lied For |
| 21 | | 26 | | 65-0484015 | Not | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 A | |
| 22 | _ | 27 | | 3. Certificate of Clares Desired | Fee Rec | · |
| City & State | 9 | City & State | | 6. Election Campaign Financing | \$5.00 | , |
| 23 | | 28 | | Trust Fund Contribution | Added to | Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year | | □No |
| 24 | 25 | | 30 | Personal Property Tax. 10. Name and Address of New Registers | | |
| · | 9. Name and Address of Cui | Tent Registered Agent | 81 Name | 10. Name and Address of New Registers | o Agein | |
| PASC | CO, CHARLES M | | | | | |
| 2300 E OAKLAND PARK BLVD | | 82 Street Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| | E 300 | | 83 | | | |
| | AUDERDALE FL 33306 | | | | | |
| | | , | 84 City | F | 85 Zip C | ode |
| 44 Pureuant | to the provisions of Sections 607 | 0502 and 607.1508. Florida Statute | s, the above-named corpo | eration cubmits this statement for the numose | of changing its i | egistered |
| office or r | egistered agent or both, in the St | ate of Florida. Such change was au ligations of, Section 607.0505, Flori | tnonzed by the corporatio | n's board of directors. I hereby accept the ap | pointment as reg | istered |
| SIGNATURE | Signature, typed or printed name of registered | (A)OTE: | Registered Agent signature required | when reinstating) OATE | | |
| 12. | | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | RS IN 12 |
| TITLE | PSVT | ☐ DELETE | 1.1 TITLE | | Change | Addition |
| NAME | PASCO, CHARLES M | _ | 1.2 NAME | | | ' |
| STREET ADDRESS | 499 SHERIDAN STREET | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | DANIA FL 33004 | | 1.4 CITY-ST-ZIP | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | Change | ☐ Addition |
| NAME | PASCO, CHARLES M | | 2.2 NAME | | | · |
| STREET ADDRESS | 499 SHERIDAN STREET | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | DANIA FL 33004 | | 2. 4 CITY+ST-ZIP | | | · |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change | Addition \ |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | Cheege | / Addition |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change | Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | | | |
|) TITLE | 1 | □ on ere | 4.4 CITY-ST-ZIP | | Change | quitibhA [] |
| ļ | | ☐ DELETE | 5.1 TITLE | | ☐ Change | Addition |
| NAME | | ☐ DELETE | 5.1 TITLE 5.2 NAME | | ☐ Change | Addition |
| NAME STREET ADDRESS | | ☐ DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS | | ☐ Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | Manager (| | 5.1 TITLE 5.2 NAME | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | Mariaki (J.C. genraksira etik | ☐ DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | | |

CITY-ST-ZIP ewith this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information feel all 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 acceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address, with all other like empowered. 14. I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation Block 12 or Block 13 if changes

6.4 CITY-ST-ZIP

SIGNATURE:

(954)567-1009