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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000042907

1. Corporation Name

LEDYARD H. DEWEES, P.A.

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90057 001 ***150.00



					JANII LAAN KERI
Principal Place	e of Business	Mailing Address			
1905 G.W. TAMARIND WAY					
US BOCA RATON FL-93496 US				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				06/03/1994	
2. Principal Pl	lace of Business	2a. Mailing Address	Pd Court	4. FEI Number App	plied For
21 270	NW 3rd Court	20 2-10 10	Pd Court	65-0497471 Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	
City & State City & State				6. Election Campaign Financing \$5.00	May Be
23 BUCA KATUH, FL 28 BOCA RAT			TOP FL	Trust Fund Contribution Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	_
24 334	32 25 US	29 33432 3	0 US		Mo
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent	
DCI	ETO LEDVADO II		81 Name		
	/EES, LEDYARD H		82 Street Add	ress (P.O. Box Number is Not Acceptable	
1985 S.W. TAMARIND WAY			2.	TO N.W. 3129 COURT	
BUU	A RATON FL 3348 6		83	•	
			84 City		ode.
				COCA RATON FL 33	432
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut	norized by the corporat	poration submits this statement for the purpose of changing its lion's board of directors. I hereby accept the appointment as reg	registered gistered
SIGNATURE		Alore P	egistered Agent signature requi	red when rainstating) DATE	
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 TITLE	Change	Addition
NAME	DEWEES, LEDYARD H		1.2 NAME	,	ſ
STREET ADDRESS	1085 SW TAMARIND WAY			270 N.W. 3Rd Covet	
	BOCA RATON FL			BOCA RATON, FL 3343	2
CITY-ST-ZIP	BOOKTIATORTE	☐ DELETE	2.1 TITLE	Change	Addition
			2.2 NAME		
NAME			2.3 STREET ADDRESS		
STREET ADDRESS			a 1		. }
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP	Change	Addition
TITLE		C) offere			
NAME			3.2 NAME		ļ
STREET ADDRESS			3.3 STREET ADDRESS		i
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP	Change	Addition
TITLE		☐ DEFE1#	4.1 TITLE	_ ondigo	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Florists	4.4 CITY-ST-ZIP	T Change	Addition
TITLE		☐ DELETE	5.1 TITLE	Change	. □ \u0010011
NAME			5.2 NAME	·	ŀ
STREET ADDRESS			5.3 STREET ADORESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	Addition
NAME			6.2 NAME		į
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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

SIGNATURE: