FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90045 038 ***150.00

Mailing Address

2691 E OAKLAND PARK BLVD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400052609

1, Corporation Name

Principal Place of Business

WILLIAM R. BLACK, P.A.

2691 E OAKLAI SUITE 102 FT LAUDERDAL US		2691 E OAKLAND PARK BLVD SUITE 102 FT LAUDERDALE FL 33306 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/15/1994		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied F	or	
21 26						65-0526869 Not Appli	cable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>			\$8.75 Addition	nal	
22	•	27				5. Certificate of Status Desired		
City & State		City & State	City & State			6. Election Campaign Financing 55.00 May B	e	
23		28			Trust Fund Contribution Added to Fees			
Zip Country Zip			Country			8. This corporation owes the current year Intangible		
24	25 29 30		30	_		Personal Property Tax. ☐ Yes ☐ No		
	9. Name and Address of Currer	nt Registered Agent		-		10. Name and Address of New Registered Agent		
DI A	OK WILLIAM D FOO		8	1	Name			
BLACK, WILLIAM R ESQ			8:	2	Street Addre	ess (P.O. Box Number is Not Acceptable)		
2691 E OAKLAND PARK BLVD			Ĺ	1				
STE #102			8	3				
FIL	AUDERDALE FL 33306		8	4	City	85 Zip Code		
				1	•	FL S EP + C S EP + C		
office or r agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	of Florida. Such change was autitions of, Section 607.0505, Floridation and title if applicable. (NOTE: F	thonzed b da Statute Registered Ag	y th	he corporation		_	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12 ddition	
TITLE	PVST	☐ DELETE	1.1 TITLE		ľ	Clange CIA	(QUIUQII I	
NAME	DD 1011, TILLER WITT		1.2 NAME					
STREET ADDRESS	2691 E OAKLAND PARK BLVD	., #102	1.3 STREET ADDRESS					
CJTY-ST-ZIP			1.4 CITY-ST-ZIP		ZIP	☐ Change ☐ A	ddition	
TITLE			2.1 TITLE		(JUDIUOII	
NAME	- 1011, 1112mm.							
					ADORESS			
			2. 4 CITY		-ZIP	☐ Change ☐ A	ddition	
TITLE			3.1 TITLE			Change	10/2/10/17	
NAME			3.2 NAME					
STREET ADDRESS				3.3 STREET ADDRESS				
CITY-ST-ZIP			3 4, CITY		-ZIP	☐ Change ☐ A	Addition	
TITLE			4.1 TITLE			_ Grange	.upravii	
NAME	li		4. 2 NAM	_				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		□ priett	4.4 CITY-		ZIP	☐ Change ☐ A	Addition	
TITLE	li .	☐ DELETE	5.1 TITLE 5.2 NAME			Countries C.	MONTH !	
NAME					ADODESS			
STREET ADDRESS			5.3 STRE	c A	ADORESS			

ingled with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information femontal anytual report is true and occurate and that my signature shall have the same legal effect as if made under oath; that I am an the receiver or trustee empoyers 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. indicated on this annual report of officer or director of the corporati Block 12 or Block 13 if charges.

6.2 NAME

5.4 CiTY-ST-ZiP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

14. I hereby certify that the information sur

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Addition