1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400053652

1. Corporation Name

SEVERINO & ASSOCIATES, INC.

Principal P ace	e of Business	Mailing Address				i inntifibet ten Latte arder Batet Cotte bate		11119 01101	#1110 1101 10ET	
11380 PROSPERITY FARMS P.O. BOX 32301										
SUITE 215 PALM BEACH G			S FL 33420							
PALM BEACH (	GARDENS FL 33410				DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed				
						07/18/1994				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
21		26				65-0502018		No	t Applicable	
Suite, Apt.		Suite, Apt. #, etc.				.5. Certificate of Status Desired	•	8.75		
22 SUI	TE 2 16 B	27				.s. Certificate of status Desired		Fee Re	quired	
City & State	•	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution Added to Fees				
Zip	Cour try	Zip Country				8. This corporation owes the current year Intangible				
24	25 29		30			Persor al Property Tax.		Yes	. <u>-</u> 1₩0	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registers d Agent				nt		
0171.0	EDINO 100EDILI		81	1	Name					
SEVERINO, JOSEPH L 6 COLONIAL CLUB DRIVE				2	Street Ar dre	ess (P.O. Bo> Number is Not Acceptable)				
	NTON BEACH FL 33435		83	3						
			L							
			84	4	City		FL	2ip (	Code	
11. Pursuant to the provisions of Scrotions 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									registered g stered	
SIGNATUFE		JOSEPH				E ( / NC   DA	TE		Ì	
	Signature, typed or printed na ne onregistered agent OFFICERS ANI		<u> </u>	ent	signature required	ADDITIONS/CHANGES TO OFFICER		NECTO	EIS IN 12	
12.	D OFFICERS AND	DELETE	13.		·	ADDITIONS/CHANGES TO OFFICE		Change	Addition	
TITLE	SEVERINO, JOSEPH L						_	Johango		
NAME		<u>i</u>		1.2 NAME						
STREET ADDRESS	6 COLONIAL CLUB DRIVE		1	1.3 STREET ADDRESS						
CITY-ST-ZIP	BOYNTON BEACH FL 33435		1.4 CITY-ST-ZIP					101		
TITLE	☐ DELETE 2.1T		2.1 TITLE	2.1 TITLE			L	] Change	☐ Addition	
NAME	22		2.2 NAME						ł	
STREET ADDRE 3S			2 3 STREE	ET#	ADDRESS				ļ	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		-ZIP	·				
TITLE	☐ DELETE 3.11		3.1 TITLE	3.1 TITLE				Change	☐ Addition	
NAME		3.2		3.2 NAME					ļ	
STREET ADDRE 3S			33 STREET		ADDRESS					
CITY-ST-ZIP			3.4. CITY- S		-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE	ET A	ADDRESS					
CITY-ST-ZIP	XITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE					] Change	☐ Addition	
NAME			52 NAME						}	
STREET ADDRE 38			5.3 STREE	ET A	ADDRESS					

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 cartify 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 comporation 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 attach nent with an address, with a light empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME

JOSEPH L. SEVERING

Change

☐ Addition

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90075 011 \*\*\*150.00

CR2E034 (11/98)