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 # **P94000059738**1. Corporation Name

LAW OFFICES OF BRIAN P. O'SULLIVAN, P.A.

5111 011					
Principal Place	e of Business	Mailing Address			
O'SULLIVAN, BARBARA, P 1401 SE 8TH ST 1401 S.E. 8TH STREET DEERFIELD BEACH FL 3344 DEERFIELD BEACH FL 33441			I	DO NOT WRITE IN T	HIS SPACE
US				Date Incorporated or Qualifed	
				08/12/1994	August For
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For Not Applicable	
21 26 Suite Apt. #, etc. Suite, Apt. #, etc.			65-0563637	\$8.75 Additional	
			5. Certifcate of Status Desired	Fee Required	
22 27 City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23	¬,			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible
24	25	29 3	30	Personal Property Tax.	☐ Yes XNo
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	red Agent
001	FLIANT MADELL	• •	81 Name		
COLEMAN, KAREN 9231 NW 45TH ST			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
9231 NW 451F1 51 SUNRISE FL 33351		83	<u> </u>	11100010000	
3014	INIGE PE 3000 I		03		1. 15年,福建建筑
			84 City	;	85 Zip Code
signature	m familiar with, and accept the obligation of th		Registered Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE	· ·	Change Addition
NAME	O'SULLIVAN, BRIAN P		1.2 NAME		
STREET ADDRESS	4404 05 0501 05		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADORESS	_		2.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP	***	Change Addition
TITLE			3.1 TITLE 3.2 NAME		
NAME	,		3.2 NAME 3.3 STREET ADDRESS		#
STREET ADDRESS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4,1 TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	. • 	
STREET ADDRESS			5.3 STREET ADORESS		
CITY-ST-ZIP		□ SECETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition]
TITLE		☐ DELETE			
NAME	1.4.		6.2 NAME		•

14. I hereby certify that the information supplied with this filling 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 reporter or injustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if shanged, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

BRIAN P. OSULLIVAN

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90021 003 ***150.00