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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000086128

THE SUSKAUER LAW FIRM, P.A.

| | | | _ | | | | | | | |
|--|--|----------------------------------|---------------|-----------------------|----------------|---|--|-----------------|--------------------------|---|
| Principal Place of Business Mailing Address | | | | | | 1 | j immiremt tim imite ments marer di | H11 88111 88181 | 19110 61101 11010 | *************************************** |
| 1601 FORUM PLACE. SUITE 1200 1601 FORUM PLACE. SUITE 1200 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 3340 | | | | | | | DO NOT WRI | TE IN THIS | SPACE | |
| | | | | | | _ | Date Incorporated or Qualifed 11/29/1994 | | | |
| 2. Principal Place of Business 2a. Mailing Address 21 | | | | | | 4. | FEI Number 65-0527396 | | <u> </u> | plied For t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, 22 | | | tc. | | | 5. | Certifcate of Status Desired | | \$8.75 A Fee Re | |
| City & State | | City & State | | | | 6. | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added t | |
| Zip Country Zip 24 25 29 | | | Country 30 | | | | This corporation owes the curr Personal Property Tax. | | X Yes | □No |
| | 9. Name and Address of Curre | nt Registered Agent | | | | 10. | Name and Address of New | Registered | Agent | |
| AUGUSTE AGOTT I | | | | 31 | Name | | | | | ĺ |
| SUSKAUER, SCOTT I 1601 FORUM PLACE, SUITE 1200 WEST PALM BEACH FL 33401 | | | 8 | 32 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | | |
| | | | 8 | 33 | | | | | | |
| | | | 8 | 34 | City | | , | FL | 85 Zip (| Code |
| agent. I a | egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age | ations of, Section 607.0505, Flo | orida Statute | es. | ne corporation | | | DATE | nument as re | |
| 12. OFFICERS AND DIRECTORS | | | | 13. | | | ADDITIONS/CHANGES TO OF | FICERS AN | ID DIRECTO | RS IN 12 |
| TITLE | P DELETE | | | 1.1 TITLE | | | | - | ☐ Change | Addition |
| NAME | SUSKAUER, SCOTT I | | | 1.2 NAME | | | | | | |
| STREET ADDRESS 1601 FORUM PLACE, SUITE 1200 | | | 1.3 STRE | 1.3 STREET ADDRESS | | | | | |] |
| CITY-ST-ZIP | WEST PALM BEACH FL | | | 1.4 CITY-ST-ZIP | | | | * | | |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | | | | • | | Change | ☐ Addition |
| NAME | SUSKAUER, MICHELLE 22 | | | 2.2 NAME | | | • • | | • | |
| STREET ADDRESS | ss 1601 FORUM PLACE, SUITE 1200 | | | 2.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | | | 2.4 CITY-ST-ZIP | | · · | | | ☐ Change | Addition |
| TITLE | | | 3.1 TITU | | | | | | Cuanda | Addition |
| NAME | | | 3.2 NAM | | | | | | | 1 |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | 3.4. CITY-ST-ZIP | | | | | Change | ☐ Addition |
| TITLE | | | | 4.1 TITLE 4.2 NAME | | | | | | |
| NAME | | | | | ADDRESS | | | | | i (|
| STREET ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | | | 5.1 TITLE | CITY-ST-ZIP | | | | | Change | Addition |
| TITLE | | _ 5 | 5.1 HILL | | | | | • | _ • | _ |
| NAME | | | | | ADDRESS | | , | | | |
| STREET ADDRESS | | | 5.4 CITY | | | | | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 6.1 TITL | | | | | | ☐ Change | ☐ Addition |
| NAME | | | 6.2 NAM | ŧΕ | | | | | | |

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 chapped, or on an attackingent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott I. Suskauer

561-687-7866