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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000000681

1. Corporation Name

BRIAN J. FELCOSKI, P.A.

Mailing Address Principal Place of Business 200 S. BISCAYNE BLVD. 200 S. BISCAYNE BLVD. 4000 1ST UNION FINANCIAL CENTER 4000 1ST UNION FINANCIAL CENTER DO NOT WRITE IN THIS SPACE MIAMI FL 33131-398 MIAMI FL 33131-2398 3. Date Incorporated or Qualifed 01/01/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0545745 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. -5: Certifcate of Status Desired Fee Required 27 22 \$5,00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country This corporation owes the current year Intangible Country Zip 33131 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 FELCOSKI, BRIAN J 82 Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD. 4000 1ST UNION FINANCIAL CENTER 83 MIAMI FL 33131-2398 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Addition 1.1 TITLE TITLE 1.2 NAME FELCOSKI, BRIAN J NAME 200 S BISCAYNE BLVD, 4000 1ST UNION FINANC 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST ZIF MIAMI FL 9 CITY-ST-ZIF DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 4,1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 T/TLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET 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 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.

6.4 CITY-ST-ZiP

SIGNATURE:

CR2E034 (11/98