

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 23, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000018632

1. Corporation Name LIZABETH F. CALVO, P.A.

01-23-1999 90023 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 328 CRANDON BLVD. STE 226 KEY BISCAIYNE FL 33149
Mailing Address 328 CRANDON BLVD. STE 226 KEY BISCAIYNE FL 33149

3. Date Incorporated or Qualified 03/01/1995
4. FEI Number 65-0567439
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. Yes

2. Principal Place of Business 2a. Mailing Address
21 26
22 27
23 28
24 25 29 30

9. Name and Address of Current Registered Agent

CALVO, LIZABETH F
328 CRANDON BLVD. STE 226
KEY BISCAIYNE FL 33149

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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)

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Delete, Change, and Addition.

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.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99 (305) 365-0902
Date Daytime Phone #

CR2E034 (11/98)