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

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90154 021 ***150.00

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1. Corporation Name

GEARY, JOHNSON & PFEFFER, P.A.

Principal P ace of Business	Mailing Address			14111 A1610 B1111 AB110 S1110 1011 1001
215 5TH ST	215 5TH ST			
SUITE 301	SUITE 301		DO NOT WRITE IN T	THIS SPACE
WEST PALM BEACH FL 33401	WEST PALM BEACH FL (13401		3. Date Incorporated or Qualifed	T 75 OF ACE
			06/09/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 120 S. Olive Avenue	26 P. O. Box 30	046	65-0586372	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	J. 31 V.	5. Certificate of Status Desired	\$8.75 Additional
22 Suite 600	27		5. Certificate of Clauds Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 West Palm Beach, FI.	28 West Palm Be		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	ar Intangible ☑ Yes ☐ No
24 33401 25 USA	29 33402-304630	USA	Personal Property Tax. 10. Name and Address of New Register	
9. Name and Address of Curre	n: Registered Agent	81 Name	IV. Maile and Address of New Yorks	
GEARY, FRANCIS B JR			GEARY, FRANCIS B. JR	<u> </u>
215 5TH ST		82 Street A	Idress (P.O. Box Number is Not Acceptable) 120 S. 01ive <u>Avenue</u>	
SUITE 301		83		
WEST PALM BEACH FL 33401			Suite 600	-
		84 City	West Palm Beach	F'L 85 Zip Code 3 3 4 0 1
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes, t	he above-named c	vooration submits this statement for the purpos	se of changing its registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga	⇔f Florida. Such change was autho	rized by the corpor:	ation's board of directors. I hereby accept the a	p, somment as registered
SIGNATURE				
Signature, typed or printed n. me of registered age	en and title if applicable. (NO E: Regi	stered Agent signature req		
	NO DIRECTORS	13.	ADDITI ONS/CHANGES TO OFFICER	S AND DIRECTO RS IN 12 S Change Addition
TITLE D	☐ DELETE	1.1 TITLE		∑ Change ☐ Addition
NAME GEARY, FRANCIS B JR		I .	EARY, FRANCIS B. JR	
STREET ADDRESS 215 5TH ST			20 S. Olive Avenue,	
CITY-ST-ZIP WEST PALM BEACH FL 3340		24 777 5	lest Palm Beach, FL	☐ Change ☐ Addition
TITLE D	-	L		X
NAME JOHNSON, WILLIAM E STREET ADDRIESS 215 5TH ST			OHNSON, WILLIAM E.	550
MEGT ON A DEVOLUTION		1	20 S. Olive Avenue,	Ste. 600
CITY-ST-ZIP WEST PALM BEACH FL 3340		3.1 TITLE	'est Palm Beach, FL	Change Addition
NAME		3.2 NAME	,	XX
STREET ADDR :SS		22 CENTEL ADODECC	FEFFER, LOUIS P.	
CITY-ST-ZIP		2.4 CITY ST 71D	20 S. Olive Avenue,	
TITLE	☐ DELETE	4.1 TITLE	est Palm Beach, FL	3340 Change Addition
NAME		4 2 NAME		
STREET ADDR ISS		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 ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0 7(3)(i), Florida Statutes. I further pertify that the information indicated on this annual report or supplied 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 attagment with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

WILLIAM E. JOHNSON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE R OR DIRECTOR

4/22/99

561-655-1100