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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000055556

1. Corporation Name

THOMAS P. O'CONNELL, P.A.

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Principal Place	o of Rusiness	Mailing Address				<b>   </b>	IIIAI AIKBI BIIAI 1	
629 SE 5TH AVE		629 SE 5TH AVE						
505	, <u>C</u>	505*************	*******					
FT LAUDERDALE FL 33301		FT LAUDERDALE FL 33301			DO NOT WRITE IN THIS SPACE			
US		US			ate Incorporated or Qualife	đ		
					7/18/1995		<del>- 1   1   1   1   1   1   1   1   1   1 </del>	lied For
<del>-</del>	lace of Business	2a. Mailing Address		"	El Number -		<u>''</u>	Applicable
21	#	Suite, Apt. #, etc.			5-0598011		\$8.75 A	
Suite, Apt.	#, etc.	<u>├</u>		5. C	ertifcate of Status Desired		Fee Rec	
City & State		City & State	<u></u>		ection Campaign Financing		\$5.00	May Be
23	•	28			rust Fund Contribution	<b>'</b> 🗆	Added to	•
Zip	Country	Zip	Country		his corporation owes the cu	rrent year Inta	ingible	
24	25	29	30		ersonal Property Tax.			□No
	9. Name and Address of Curren			10. N	ame and Address of New	Registered A	Agent	
			81 Na	ame				
	ONNELL, THOMAS P		82 St	reet Address (P.O.	. Box Number is Not Accep	otable)		_
	00 STIRLING RD		02   31	reet Address (7 .C				
SUIT			83					
COC	OPER CITY FL 33024		84 Ci	4		<del></del>	85 Zip C	ode
				•		FL	} -	
·					A 24 AA 2 A AMERICA A A 44	a number of	ahanaina ita	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	itutes, the above-na	med corporation s	ubmits this statement for th	e purpose or o	trianging its	registered
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the state on familiar with and accept the obligations.	2 and 607.1508, Florida Sta of Florida. Such change wa: tions of. Section 607.0508.	itutes, the above-na s authorized by he Florida Stall les.	ned corporation s corporation's boar	d of directors. I hereby acc	ept the appoin	thent as rec	registered
	to the provisions of Sections 607.050 registered agent, or both, in Machate in familiar with, and accept the obliga	2 and 607.1508, Florida Sta of Florida. Such change wa tions of, Section 607.0508,	itutes, the above-na s authorized by he Florida Statutes.	med corporation s corporation's boar	ubmits this statement for the	ept the appoin	tyffent as reg	registered
office or r agent. I a	1 / 2-11	da P.	イイロ	ature required when reins	stating)	) 9/1		
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SIGNATURE	Signature, typed or printed agent OFFICERS AN	nt and title if applicable	13.	ature required when reins	stating)	) 9/1		
SIGNATURE	Signature, typed or printed agent OFFICERS AN O'CONNELL, THOMAS P	nt and title if applicable (	13. 1.1 TITLE 1.2 NAME	ature required when reins	stating) DITIONS/CHANGES TO C	) 9/1	D DIRECTO	RS IN 12
SIGNATURE- 12. TITLE	Signature, typed or printed agric of registered agric OFFICERS AN PD O'CONNELL, THOMAS P 10000 STIRLING RD SUITE 1	nt and title if applicable (	13.	ature required when reins	stating)	) 9/1	D DIRECTO	RS IN 12
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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 of fusion that it is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an appearance of the corporation of the receiver of t

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP