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Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90018 003 *1,100.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P95000075945**

1. Corporation Name
BRENTON N. VER PLOEG, P.A.
VER PLOEG & Lumpkin, P.A. f/k/a

Principal Place of Business Mailing Address
~~2100 INTERNATIONAL PLACE~~ ~~2100 INTERNATIONAL PLACE~~
~~200 SOUTH EAST SECOND STREET~~ ~~200 SOUTH EAST SECOND STREET~~
 MIAMI FL 33131 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 2150 Nations Bank Tower 26 2150 Nations Bank Tower
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 100 S.E. Second St. 27 100 SE Second Street
 City & State City & State
 23 Miami FL 28 Miami FL
 Zip Country Zip Country
 24 33131 25 USA 29 33131 30 USA

3. Date incorporated or Qualified
10/03/1995

4. FEI Number Applied For
65-0615033 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

VER PLOEG, BRENTON N ESQ. 2150 Nations Bank Tower
~~2100 INTERNATIONAL PLACE~~ ~~200 SOUTH EAST SECOND STREET~~ 100 S.E. Second St.
 MIAMI FL 33131

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 (address change only)
 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 *Brenton N. Ver Ploeg* BRENTON N. VER PLOEG
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VER PLOEG, BRENTON N	1.2 NAME	
STREET ADDRESS	100 S.E. SECOND STREET #2150	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131-2154	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	COLLECTION - <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ANTHEA E	2.2 NAME	
STREET ADDRESS	100 SECOND STREET #2150	2.3 STREET ADDRESS	100 SE Second Street #2150
CITY-ST-ZIP	MIAMI FL 33131-2154	2.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. Hugh Lumpkin	3.2 NAME	
STREET ADDRESS	100 S.E. Second Street #2150	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33131-2154	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *Antonia Williams* SECRETARY 3/8/99 (305) 577-3996
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

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