

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
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90022 013 ***150.00

DOCUMENT # P95000085593

1. Corporation Name

JOHN D. O'DONNELL, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3045 N FEDERAL HWY. CORAL CENTER
LANDMARK BLDG #7
FT LAUDERDALE FL 33306

Mailing Address

3045 N FEDERAL HWY. CORAL CENTER
LANDMARK BLDG #7
FT LAUDERDALE FL 33306

2. Principal Place of Business

21 2601 E. Oakland Park Boulevard

2a. Mailing Address

2601 E. Oakland Park Blvd.

Suite, Apt. #, etc.

22 Suite 403

Suite, Apt. #, etc.

27 Suite 403

City & State

23 Fort Lauderdale, FL

City & State

28 Fort Lauderdale, FL

Zip Country

24 33306 25 Broward

Zip Country

29 33306 30 Broward

9. Name and Address of Current Registered Agent

O'DONNELL, JOHN D
3045 N FEDERAL HWY, CORAL CENTER
LANDMARK BLDG #7
FT LAUDERDALE FL 33306

3. Date Incorporated or Qualified

11/06/1995

4. FEI Number

65-0632177

Applied For

Not Applicable

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 ☐ No

10. Name and Address of New Registered Agent

81 Name

JOHN D. O'DONNELL

82 Street Address (P.O. Box Number is Not Acceptable)

2601 E. Oakland Park Boulevard

83 Suite 403

84 City

Fort Lauderdale,

FL

85 Zip Code

33306

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE
NAME O'DONNELL, JOHN D
STREET ADDRESS 3045 N FEDERAL HWY, LANDMARK BLDG #7
CITY-ST-ZIP FT LAUDERDALE FL 33306

TITLE D ☐ DELETE
NAME O'DONNELL, JOHN D
STREET ADDRESS 3045 N FEDERAL HWY, LANDMARK BLDG #7
CITY-ST-ZIP FT LAUDERDALE FL 33306

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVST ☒ Change ☐ Addition
1.2 NAME JOHN D. O'DONNELL
1.3 STREET ADDRESS 2601 E. Oakland Park Blvd., Suite 403
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33306

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME JOHN D. O'DONNELL
2.3 STREET ADDRESS 2601 E. Oakland Park Blvd., Suite 403
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33306

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: John D. O'Donnell, President

1/15/99

(954) 630-0888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0574889