FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90068 048 ***158.75

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000086529

1. Corporation Name

JOHN A. GARCIA, ESQUIRE, P.A.

	-							J 880) 8803 JULIU 871) 	
Principal Plac	e of Business	Mail	ing Address							
1615 FORUM F	PLACE. SUITE 4-B	FORUM PLACE. SUITE 4-B								
THE BARRISTERS BUILDING		THE BARRISTERS BUILDING				1	DA MATHIDITE IN THE OPICE			
WEST PALM BEACH FL 33401-2201		WES	NEST PALM BEACH FL 33401-2201				DO NOT WRITE IN THIS SPACE			
						Ī	3. Date Incorporated or Qualifed			
							11/13/1995		,	
2. Principal P	lace of Business	2a. 1	Mailing Address			ĺ	4. FEI Number		+	lied For
21		26					65-0618796		Not .	Applicable
Suite, Apt.	#, etc.	5	Suite, Apt. #, etc.				5. Certifcate of Status Desired	1240.		dditional
22		27	-				5. Certificate of oldido besided	Fe	e Req	uired
City & Stat	e	(City & State				6. Election Campaign Financing	\$5	.00 M	fay Be
23		28					Trust Fund Contribution	Ad	ded to	Fees
Zip	Country	z	Zip	Count	у		8. This corporation owes the curre			
24	25	29	30	0			Personal Property Tax.	Yes	. [□No
	9. Name and Address of Current	Registe	red Agent			1	Name and Address of New Re	egistered Agent		
				8	1 Name					
GARCIA, JOHN A				8	Street Address (P.C.		(P.O. Box Number is Not Acceptable)			
1615 FORUM PLACE, SUITE 4-B			62 Street Aut			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1:0: 20x 11am20: 10 treet 1000pm			
THE	BARRISTERS BUILDING			8	3					
WES	T PALM BEACH FL 33401-2201			L			.=	lasi	7:- 0-	-4-
				8	4 City			FL 85	Zip Co	ode
11 Pursuant	to the provisions of Sections 607.0502	and 607	1508, Florida Statutes.	the abo	ve-named o	corpora	tion submits this statement for the p	urpose of changir	ig its re	egistered
office or r	egistered agent, or both, in the State of	Florida.	! Such change was auth	iorized b	y the corpo	oration's	board of directors. I hereby accept	the appointment	as regi:	stered
onent i ≏	m familiar with, and accept the obligation	ກsor, ວ	section 607.0505. Fioria	a Statut	s.					
agent. r a			l							l
SIGNATURE						equired wh	en reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if a	pplicable. (NOTE: Re	egistered Ag	ent signature re	equired wh			CTOR	S IN 12
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if a	pplicable. (NOTE: Re	egistered Ag	ent signature re	equired wh	en reinstating) ADDITIONS/CHANGES TO OFF			S IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if a	pplicable. (NOTE: Re	13.	ent signature re	equired wh		ICERS AND DIRE		
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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 suppliemental annual report is the 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 receiper or justee 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #