## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P95000088331 (0)

DAVID J. TU, P.A.

FILED Feb 23 1998 8:00am Secretary of State

Principal Place of Business Mailing Address									r foolfoor file obline barke broke obline			a filol Hadi addı	
200 S. BISCAYNE BLVD.			P	POST OFFICE BOX 823504									
SUITE 3100				SUITE 100				DO NOT WRITE IN THIS SPACE					
Miami FL 33131 US			-	SOUTH FLORIDA FL <del>63362-504</del> US			<del>74"</del>		3. Date Incorporated or Qualified	IN THIS SP	ACE		7
		•	••				'	11/17/1995				l	
2. Principal F	Place of Business	2a. I	2a. Mailing Address					4. FEI Number Applied For					
21			26	26					65-0619217		-	ot Applicable	1
Suite, Apt. #, etc.			I	Suite, Apt. #, etc.					5. Certificate of Status Desired	П	\$8.75	Additional	1
22			27						Contineate of States Desired		Fee F	Required	l
City & Sta	te		City & State 28 South Florida				(	6. Election Campaign Financing			May Be		
Zip Country						ountry			Trust Fund Contribution			to Fees	┨
24	25			29 33082-3504 30		USA		'	B. This corporation owes or has pa Personal Property Tax due June			ntangible No	
	9. Name and A			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		Personal Property Tax due June 30. Yes 1/2 No 10. Name and Address of New Registered Agent							
T	U, <b>D</b> AVID J				18	81	Name	~ ~					ĺ
200 S. BISCAYNE BLVD.							Street A	ddraee	(P.O. Box Number is Not Acceptab	la\			ł
SUITE 3100						82	0000174			10)			ļ
MIAMI FL 33131						63							
						84	City				<b>85</b> Zip	Code	
						ı	•			FLI			
Office or	regi <b>ste</b> red agent, of	both, in the Stat	e of Florida	7.1508, Florida <b>Sta</b> tu I. Such change was Section 607.0505, F	authorize	d by	the corpo	orporation's	ion submits this statement for the p board of directors. I hereby accep	urpose of cl t the appoir	ianging itment a	its registered s registered	
SIGNATURE													
Signature, typed or printed name of registered agent and title if applicable (NOTE:							nt signature re	equired wh	en reinstating)	DATE			ŕ
12.	PD	OF FICERS AF	ND DIRECT	ORS DELETE	13. 1.1 Ti	71.5			ADDITIONS/CHANGES TO OFFIC		IRECTO Change		5
NAME										L.	1 Change	Addition	3
STREET ADDRESS 200 S. BISCAYNE B;VD.,SUIT			IITE 3100	3100 12N			ADDRESS						S
CITY-ST-ZIP	MIAMI FL 33				17Y-\$1							Ļ	
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NAME					3.2 N	AME							
STREET ADDRESS							ADDRESS						ļ
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TITLE NAME				☐ DELETE	4.1 TI					L	Change	☐ Addition	ļ
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CITY-ST-ZIP							ADDRESS						
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NAME				<u> </u>	5.2 N/					-	2 <u>-</u> 1.90		
STREET ADDRESS					8		ADORESS						
CITY-ST-ZIP					5.4 CI								
TITLE	•			DELETE	6.1 TI					,	Change	Addition	
NAME					6.2 NA	ME	- 1						
STREET ADDRESS					6.3 ST	REET A	NDDRESS						
CITY-ST-ZIP					6.4 Ci								
14. I hereby o	certify that the inform	nation supplied v	vith this filin	o does not qualify f	or the exe	mnti	on stated	in Secti	ion 119 07/3)(i) Florida Statutes, I (	urther certifi	that the	information	

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 eath; 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 appear in with an address.

CICNIATURE.

NAME OF THE PARTY OF THE PARTY

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