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

DOCUMENT # P95000088331

Corporation Name

DAVID J. TU, P.A.

Mailing Address Principal Place of Business POST OFFICE BOX 823504 P.O. BOX 823504 SUITE 100 **SHITE 3100** DO NOT WRITE IN THIS SPACE MIAMI FL 33082 SOUTH FLORIDA FL 33082-504 3. Date Incorporated or Qualifed 11/17/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 3001 S.W. 3rd Ave P.D. Box 823504 65-0619217 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box South Florida FL Miami Added to Fees Trust Fund Contribution 28 23 Country Country 8. This corporation owes the current year Intangible Zip 33129 33082-3504 □No USA USA Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name In TU, DAVID J Street Address (P.O. Box Number is Not Acceptable) 82 200 S. BISCAYNE BLVD. **SUITE 3100** 83 **MIAMI FL 33131** Zip Code 33 | 2 9 City Miami 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. David J. Tu 1/12/99 SIGNATURE ame of registered agent and title if applicable stered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE 1.1 TITLE TITLE PD 12 NAME 3001 S.W. 3rd Ave TU. DAVID J NAME 200 S. BISCAYNE B; VD., SUITE 3100 1.3 STREET ADDRESS STREET ADDRESS Miami, FL MIAMI FL 33131 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 31 TITLE TILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 attaching that an address, with all other like empowered.

SIGNATURE:

NATURE DAGALIKTAD

1/12/99

(305) 285-2000

FILED Mar 05, 1999 8:00 am

Secretary of State

03-05-1999 90038 006 ***150.00

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