Jun 29, 1999 8:00 am Secretary of State

06-29-1999 90007 031 ***150.00 06-29-1999 90007 032 ***400.00

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 # P95000097552 \L

1. Corporation PROFES	SIONAL PLANT DESIGN, IN	C.								
Principal Place of Business Mailing Address) 4 HORTIBER ING COINCE BRITE BRITE BRITE	# 10 F)		180 1400 1004	
%JOHN C SCH 505 S FLAGLE WEST PALM B		%JOHN C SCHNEIDER 505 S FLAGLER DR. #1001 WEST PALM BEACH FL 33401				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						12/21/1995				
2. Principal P	2a. Mailing Address	ng Address			4. FEI Number	$\neg \tau$	Appl	ied For		
21		26				65-0638554	E	Not /	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Ad ee Requ		
City & Stat	e ·	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country Zip C			try		8. This corporation owes the current year In	tangible			
24	25	29 30	<u> </u>			Personal Property Tax.				
	9. Name and Address of Curren	Registered Agent		81 N		10. Name and Address of New Registered	Agent			
SCHNEIDER, JOHN C 1001 FLAGLER CENTER 505 S. FLAGLER DRIVE WEST PALM BEACH FL 33401				82 S	lame Street Addre	ss (P.O. Box Number is Not Acceptable)				
·			 	B4 (City	FL 85 Zip C			de	
office or r	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was auth ions of, Section 607.0505, Florida	orized a Statul	by the les.	corporation	ration submits this statement for the purpose o i's board of directors. I hereby accept the appo	f changin			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require							NO DIDE		0.01.40	
12.				13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRE		S IN 12 Addition	
NAME	MARX, CAROLE J		1.2 NAME					gc		
STREET ADDRESS	4000 1 45011 14414			1.3 STREET ADDRESS						
CITY-ST-ZIP	WELLINGTON FL 33414			1.3 STREET ADDRESS						
TITLE	· · · · · · · · · · · · · · · · · · ·			2.1 TITLE			[] Cha	ange	Addition	
NAME I			2.2 NAME					y -		
STREET ADDRESS				2.3 STREET ADDRESS					}	
CITY-ST-ZIP			2.4 CIT			•			ļ	
TITLE		DELETE -	3.1 TITL				☐ Cha	ange	Addition	

6.3 STREET ADDRESS STREET ADDRESS 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 of 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, open an attachment with ap addless, with all other like empowered.

3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ DELETE

DELETE

Addition

Addition

☐ Addition

☐ Change

☐ Change

Change