**FILED** 

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90082 022 \*\*\*150.00

## 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 # P9600003394

1. Corporation Name

JUDITH A. WAYT, P.A.

•									
Principal Place	of Business	Mailing Address					18(88 person erry		
2151 W HILLSBORO BLVD SUITE 213 DEERFIELD BEACH FL 33442 US		2151 W HILLSBORO BLVD SUITE 213 DEERFIELD BEACH FL 33442 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
2. Principal Place of Business 2a. Mailing Address						01/08/1996 4. FEI Number	A	pplied For	
21 26 26						65-0631881	<del>  </del>	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	•	Additional	
22 27						5. Certificate of Status Desired	<del></del>	equired	
City & State	9	City & State	28			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	, — — — — — — — — — — — — — — — — — — —			8. This corporation owes the current year Intangible  Personal Property Tax  Yes  No					
24 25 29 30				Personal Property Tax. Yes No  10. Name and Address of New Registered Agent					
9. Name and Address of Current Registered Agent					81 Name				
WAYT, JUDITH A									
2151 W HILLSBORO BLVD, SUITE 213			82	2 St	treet Addres	Address (P.O. Box Number is Not Acceptable)			
SUITE 155W			83						
DEE	RFIELD BCH FL 33442		84	ı Ci	itv		85 Zip	Code	
	· *	1.044717			•	<u> </u>	.		
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 ag	ent and title if applicable. (NOTE: Regi	stered Age	ent sign	ature required v	when reinstating) DATE			
12.	OFFICERS AND DIRECTORS 13.		13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PST	☐ DELETE 1.1 TIT				·	<b>Ž</b> Š Change	Addition	
NAME	ATT, ODDITTA		1.2 NAME			771 DANKE DD			
STREET ADDRESS	3720 30007 2007		3 STREET ADDRESS		1	771 BANKS RD MARGATE, FL 33063			
CITY-ST-ZIP TITLE	CUCUNUI CREEK FL		2.1 TITLE	<u> 51-ZIP</u>		MARGATE, PL 33003	Change	Addition	
NAME			2.2 NAME			• •			
STREET ADDRESS			2.3 STREET		RESS				
CITY-ST-ZIP	The state of the s		2. 4 CITY-	ST-ZIF	,   -				
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NAME			3.2 NAME						
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CITY-ST-ZIP			3.4. CITY-! 4.1 TITLE		·		Change	Addition	
TITLE		_	4.1 III.E					_	
NAME STREET ADDRESS			4.3 STREE		RESS			1	
CITY-ST-ZIP			4.4 CITY-S						
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME		Ī	5.2 NAME				,	ļ	
STREET ADDRESS	;	· · · · · · · · · · · · · · · · · · ·	5.3 STREE					Ì	
CITY+ST-ZIP			5.4 CITY- S		<u> </u>			☐ A sistisia —	
TITLÉ			6.1 TITLE				☐ Change	Addition	
NAME			6.2 NAME					-	
STREET ADDRESS			6.3 STREE	E I ADD	IKESS			- 1	

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.

6.4 CITY-ST-ZIP

SIGNATURE: <

STREET ADDRESS

(954)698-7111