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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90002 014 ***150.00

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600007693

1. Corporation Name

RHOND/	A H. NASSER P.A.	•		T CERCUS DE CONTRACTO DE CONTRA	11 ON 15 JUNE 2010 PERSON 1111 PER
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Principal Place	e of Business	Mailing Address		1 (86)1031 ILB :B(IO DINI DUZI) 98111 BB(I) OD	in Othe Lana of the lette spet and
200 SOUTHERN		200 SOUTHERN BLVD.	oe.		
WEST-PALM BEACH FL 33405 WEST-PALM BEACH FL 33405			<u>w</u>	DO, NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed	
				01/22/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0498805	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te ·	City & State		6. Election Campaign Financing	\$5.00 May Be
23	- L	28	*****	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25 65 6 6 6	1==1	30	Personal Property Tax.	☐ Yes ☐ No
<u> </u>	g Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registers	u Agent
	CHEL, DAVID K ESQ.	V V C V C C C C C C C C C C C C C C C C		ress (P.O. Box Number is Not Acceptable)	
	PENNOCK LANE, SUITE 204		Street Addi	1000 (1.0. 20x 140 1100 10 1100 1000 1000 100 100 100	AND THE STATE OF STATE AND STATE
JUP	ITER FL 33458		83		3月21日里加坡自建了
i			84 City		85 Zip Code
area proprietable		1 007 4500 Flade Ctabuta	a the above named som	peration authority this statement for the purpose	of changing its registered
agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligati			ion's board of directors. I hereby accept the app	pointment as registered
agent. I a	registered agent, or both, in the state of am familiar with, and accept the obligation of the control of the co	ions of, Section 607.0505, Flori		ed when reinstating) DATE	
agent. I a	registered agent, or both, in the state of am familiar with, and accept the obligation of the control of the co	ons of, Section 607.0505, Flori and title if applicable. (NOTE:	ida Statutes. Registered Agent signature require 13.	ed when reinstatting) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
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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 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 copyration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NASSON

VE 19 561-832-5759
Daytime Phone #

R2E034 (11/98)