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Secretary of State

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PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000008548

1. Corporation Name
FRANK T. NOSKA III, P.A.

Principal Place of Business
606 NORTH OLIVE AVE
SUITE 703
WEST PALM BEACH FL 33401
US

Mailing Address
606 NORTH OLIVE AVE
SUITE 703
WEST PALM BEACH FL 33401
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1996

4. FEI Number

65-0644423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
 Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **606 N. OLIVE AVE**

Suite, Apt. #, etc.

22 City & State

23 **WEST PALM BEACH FL**

Zip

Country

24 **33401**

2a. Mailing Address

26 **606 N. OLIVE AVE**

Suite, Apt. #, etc.

27 City & State

28 **WEST PALM BEACH FL**

Zip

Country

29 **33401**

9. Name and Address of Current Registered Agent

NOSKA, FRANK T III
606 N OLIVE AVE
SUITE 703
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

Sme

82 Street Address (P.O. Box Number is Not Acceptable)

606 N OLIVE AVE

83

84 City

WPC

FL

85 Zip Code

33401

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME **PSTD**
 STREET ADDRESS **NOSKA, FRANK T III**
 CITY-ST-ZIP **606 N OLIVE AVE**
WEST PALM BEACH FL 33401

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
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 NAME
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 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #