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 # **P96000010860**1. Corporation Name

HERBERT & SHAPIRO, P.A.

Principal Place of Business
3000 EDGEWATER DR

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90136 024 ***150.00



, morpair lace of Beening						
3000 edgewater dr Orlando fl 32804 Us			DO NOT WRITE IN THIS SPACE			
	30		3. Date Incorporated or Qualifed 02/05/1996			
2. Principal Place of Business	2a. Mailing Address		4. FEi Number	Applied For		
21	26		59-3374199	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		ountry	8. This corporation owes the current year	Intangible		
24 25	29 30		Personal Property Tax.	☐ Yes ☐ No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
SHAPIRO, MARK F		81 Name				
3000 EDGEWATER DR		82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 1700 ORLANDO FL 32804		83				
CHEMICO I E GEGOT		84 City	F	L 85 Zip Code		
 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig 	e of Florida. Such change was authoriz	ed by the corporation	ration submits this statement for the purpose i's board of directors. I hereby accept the app	of changing its registered pointment as 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				equired when rejustation) DATE	<u></u>	i				
Signature, typed or printed name of registered agent and use if applicable.										
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition				
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	LJ Addition				
NAME	Herbert, Keith R eso		1.2 NAME	•						
STREET ADDRESS	16136 VIA MONTEVERDE		1.3 STREET ADDRESS							
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP							
TITLE	VSD	☐ DELETE	2.1 πτLE	VSD	🔀 Change	☐ Addition				
NAME	SHAPIRO, MARK F ESQUIRE		2.2 NAME	SHAPIRO, MARK F. ESQUIRE						
STREET ADDRESS	518 RUGBY_ST	تقدمه وحسيداء الماء	2.3 STREET ADDRESS	2300 CADY WAY						
CITY-ST-ZIP	ORLANDO FL 32804		2. 4 CITY-ST-ZIP	WINTER PARK, FL 32792						
TITLE		☐ DELETE	3,1 TITLE	William I =	Change	☐ Addition				
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY-ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE	·	Change	Addition				
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS	_						
CITY-ST-ZIP			4.4 CITY-ST-ZIP			— • • • • •				
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS			}				
CITY-ST-ZIP		J	5.4 CITY-ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition				
NAME	•		6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY- \$T-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 adopess, with all other like empowered.

SIGNATURE: