05-10-1999 90133 019 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

SUITE 203

8333 W. MCNAB ROAD

TAMARAC FL 33321

**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business 8333 W. MCNAB ROAD

SUITE 203

TAMARAC FL 33321



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000016177

KEITH DOUGLAS BARON, P.A.

Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certicate of Status Desired   S8.75 Additional Fee Required						02/21/1996			
Suite, Apt. #, etc. 22   Suite, Apt. #, etc. 22   Suite, Apt. #, etc. 23   Suite, Apt. #, etc. 24   City & State 25   Country 26   28   29   30   Trust Fund Contribution 27   Country 28   29   30   Trust Fund Contribution 38   Added to Fees 29   Added to Fees 20   Personal Property Tax 20   Personal Property Tax 31   Name 32   Street Address of New Registered Agent 31   Name 32   Street Address of New Registered Agent 31   Name 32   Street Address (P.O. Box Number is Not Acceptable) 33   TAMARAC FL 33321 34   City   FL   85   Zip Code 35   Tamas and Address of New Registered Agent 36   Street Address (P.O. Box Number is Not Acceptable) 37   Street Address (P.O. Box Number is Not Acceptable) 38   Street Address (P.O. Box Number is Not Acceptable) 38   Street Address (P.O. Box Number is Not Acceptable) 39   Street Address (P.O. Box Number is Not Acceptable) 30   Street Address (P.O. Box Number is Not Acceptable) 30   Street Address (P.O. Box Number is Not Acceptable) 30   Street Address (P.O. Box Number is Not Acceptable) 30   Street Address (P.O. Box Number is Not Acceptable) 30   Street Address (P.O. Box Number is Not Acceptable) 31   Street Address (P.O. Box Number is Not Acceptable) 32   Street Address (P.O. Box Number is Not Acceptable) 33   Street Address (P.O. Box Number is Not Acceptable) 34   Street Address (P.O. Box Number is Not Acceptable) 35   Street Address (P.O. Box Number is Not Acceptable) 36   Street Address (P.O. Box Number is Not Acceptable) 36   Street Address (P.O. Box Number is Not Acceptable) 37   Street Address (P.O. Box Number is Not Acceptable) 38   Street Address (P.O. Box Number is Not Acceptable) 38   Street Address (P.O. Box Number is Not Acceptable) 39   Street Address (P.O. Box Number is Not Acceptable) 30   Street Address (P.O. Box Number is Not Acceptable) 30   Street Address (P.O. Box Number is Not Acceptable) 30   Street Address (P.O. Box Number is Not Acceptable) 30   Street Address (P.O. Box Number is Not Acceptable) 30   Street Address (P.O. Box Number is Not Acceptable) 31	2. Principal	Place of Business	2a. Mailing Address			4. FEi Number	<u> </u>	Applied For	
Suite, Apt. #, etc. 27   Country	21	26				65-0658459		Not Applicable	
City & State   27   Country   Zip   Country   Zip   Country   Zip   Country   State   City & State   Country   State   Country   State   Country   State   Country   State   Country   State		t. #, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired			
Zig	22	_	27			J. Commond of Charles Decired	Fee	Required	
Zip   Country   Zip   Country   Zip   Country   S. This corporation owes the current year intangible   Personal Property Tax   Zip   No.   Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name   10. Name and Address of New Registered Agent   10. Name and A	City & State City & State					6. Election Campaign Financing		•	
Personal Property Tax. Signor   Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent    BARON, KEITH D ESO	23		28			Trust Fund Contribution	Adde	d to Fees	
9. Name and Address of Current Registered Agent  BARON, KEITH D ESO 8333 WEST MCNAB ROAD SUITE 203 TAMARAC FL 33321  83 TAMARAC FL 33321  84 City FL 85 Zip Code  11. Pigrapant 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 Ronda. Such change was authorized by the corporation's board of directors. I heraby accept the appointment as registered agent, then familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE Signatura, hyped or previous required agent and title if applicable PD DELETE 11. TITLE PD DELETE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DELETE 12. NAME 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DELETE 11. TITLE PD DELETE 22. NAME 22. NAME 33. SIRRET ADDRESS 34. CITY-ST-ZIP 11. TITLE 1. DELETE 21. TITLE 1. DELETE 21. TITLE 1. DELETE 22. NAME 33. SIRRET ADDRESS 34. CITY-ST-ZIP 11. TITLE 1. DELETE 31. TITLE 31. SIRRET ADDRESS 31. SIRRET AD	Zip	Country	Zip	Country		8. This corporation owes the current		_	
BARON, KEITH D ESO 8333 WEST MCNAB ROAD SUITE 203 TAMARAC FL 33321  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 agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors, I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607,0502, Florida's Statutes, agent, I am familiar with, and accept the obligations of, Section 607,0503, Florida's Statutes, agent, I am familiar with, and accept the obligations of, Section 607,0503, Florida's Statutes, agent, I am familiar with, and accept the obligations of, Section 607,0503, Florida's Statutes, agent, I am familiar with, and accept the obligations of, Section 607,0503, Florida's Statutes, agent, I am familiar with, and accept the obligations of, Section 607,0503, Florida's Statutes, agent, I am familiar with, and accept the obligations of, Section 607,0503, Florida's Statutes, agent, I am familiar with, and accept the obligations of, Section 607,0503, Florida's Statutes, agent, I am familiar with, and accept the obligations of, Section 607,0503, Florida's Statutes, and a section 607,0503, Florida's Statutes, and accept the obligations of, Section 607,0503, Florida's Statutes, and accept the obligations of, Section 607,0503, Florida's Statutes, and accept the obligations of, Section 607,0503, Florida's Statutes, and accept the obligations of, Section 607,0503, Florida's Statutes, and accept the obligations of, Section 607,0503, Florida's Statutes, and accept the obligations of, Section 607,0503, Florida's Statutes, and accept the obligations of, Section 607,0503, Florida's Statutes, and accept the obligations of, Section 607,0503, Florida's Statutes, and accept the obligations of, Section 607,0503,	24	25 29 30						LJ <u>N</u> o	
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SUITE 203 TAMARAC FL 33321  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 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, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its 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, and familiar with, and accept the obligations of, Section 607,0905, Floridas Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am a familiar with, and accept the appointment as registered agent, and accept the appointment as registered agent. I am a familiar with, and accept the obligations of, Section 607,0905, Floridas Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floridas Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the familiar with an appointment as registered agent, or both in the familiar with a proportion and accept the appointment as registered agent, or both in the familiar with a proportion and accept the appointment as registered agent, or both in the familiar with a proportion and accept the appointment as registered agent, or both in the familiar with a proportion and accept the appointment as registered agent, or both in the familiar with a proportion and accept the appointment as registered agent, or both in the familiar with a proportion and accept the appointment as registered agent, or both in the familiar with a proportion and accept the appointment as registered agent, or both in the familiar with a pr				81	Name				
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### City   FL   85   Zip Code   ### FL   85	SU	ITE 203		83			<del></del>		
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 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, and familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes.  SIGNATURE    Signature, byend or pretiod name of registered agent and little if applicable   (NOTE: Registered Agent signature required when reinstalling)   DATE	TAMARAC FL 33321						OF 7:	n Codo	
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SIGNATURE   Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent agent are required when reinstating)   DATE	office or	registered agent, or both, in the Sta	ite of Florida. Such change was a	uthorized by	the corporati	ion's board of directors. I hereby accept th	e appointment as	registered	
Signature, typed or printed name of registered apent and title if applicable (NOTE: Registered Agent segnature required when r	agent. I	am familiar with, and accept the obl	igations of, Section 607.0505, Flo	rida Statutes					
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FACTORET ADDORSO				5.2 NAME					
		6		5.3 STREET	r address				

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

Change

Addition