## 'R MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000033894 1. Corporation Name

DON MOODE DA

DON NO	JUHE, P.A.			•			
Principal Place	of Business	Mailing Address				THE COLUMN TWO IS NOT YOUR YOUR YOUR	
2901 SOUTH BAYSHORE DRIVE		2901 SOUTH BAYSHORE DRIVE			• **,	the set of the	
10-A		10-A		DO NOT WRITE IN THIS SPACE			
MIAMI FL 33133		MIAMI FL 33133 US		3. Date Incorporated or Qua			
US -		, '			04/22/1996		
2 Dringing D	lace of Business	2a. Mailing Address			4. FEI Number	: 4	Applied For
<del>_</del>		26		65-0664533		Not Applicable	
Suite, Apt.	# etc:	Suite, Apt. #, etc.				ad 11 **	.75 Additional
22		27		5. Certificate of Status Desire	ea D F	ee Required	
City & Stat	e ·	City & State		6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution	A	dded to Fees
Zip Country		Zip Country		8. This corporation owes the current year Intangible			
24 25 29		<u> </u>			Personal Property Tax. Yes 23NO  10. Name and Address of New Registered Agent		
	9. Name and Address of Current	Registered Agent	R	1 Name	10. Name and Address of N	tem Registered Agent	
MOC	DRE, DONALD P	in the second of	Ľ			<u> </u>	
2901 S. BAYSHORE DRIVE			8	2 Street Addr	Address (P.O. Box Number is Not Acceptable)		
	TE 10-A	83		P = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =		7	
	MI FL 33133				The George of the	24 (V) 4 1 2 4 4 1 1 1 - 1 - 1 - 1 - 1 - 1	: 10년 (1년 1년 1
				4 City	•	FL  85	Zip Code
44 Durquant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligation	and 607.1508. Florida Statu	tes, the abo	ve-named.corp	oration submits this statement fo	or the purpose of chang	ing its registered
office or r	egistered agent, or both, in the State o	of Florida, Such change was	authorized b	y the corporations	on's board of directors. I hereby	accept the appointment	as registered
· · · .	im tamiliar with, and accept the obligati	·	onau otaiat				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered A	gent signature require	d when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO		ECTORS IN 12
TITLE	PTSD	☐ DELETÉ	1,1 TITLE				ialige [] Addition
NAME	MOORE, DONALD P	•	1.2 NAM			,	•
STREET ADDRESS	2901 S. BAYSHORE DRIVE, SU	ITE 10-A	1.3 STR	EET ADDRESS	• • •		
CITY-ST-ZIP	MIAMI FL 33133			-ST-ZIP		<u>.</u> Пс	hange Addition
TITLE .		☐ DELETE	2.1 TITL!	- 1			
NAME	***		2.2 NAM				
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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 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-\$T-ZIP

SIGNATURE:

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TITLE

NAME

STREET ADDRESS

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90056 048 \*\*\*150.00

☐ Addition