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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90008 038 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **P96000035418**

1. Corporation Name
R. STEPHEN OTTEWELL, P.A.



Principal Place of Business
**6100 GLADES RD., STE. 204
 BOCA RATON FL 33434**

Mailing Address
**P O BOX 564
 BOCA RATON FL 33429**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5301 N. Federal Hwy.		26		04/22/1996	
22 Suite, Apt. #, etc. Suite 200		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State Boca Raton, FL		28 City & State		65-0660577	
24 Zip 33487		29 Country USA		5. Certificate of Status Desired	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**OTTEWELL, R. STEPHEN
 6100 GLADES RD., STE. 204
 BOCA RATON FL 33434**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
5301 N. Federal Hwy. Ste 200
 83
 84 City **Boca Raton** FL 85 Zip Code **33487**

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]* DATE **Apr 20, 1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVTS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTWELL, R. STEPHEN	1.2 NAME	
STREET ADDRESS	6100 GLADES RD., STE. 204	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE **Apr 20, 1999** Daytime Phone # **561 993 3099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard Stephen Ottevell

037051

CR2FR34 (11/98)