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 # **P96000039491**1. Corporation Name

JEFFREY HAP, P.A.

Pri	ncipal l	Place of Busin	iess
341	WEST	INDIANTOWN	ROAD

Mailing Address

341 WEST INDIANTOWN ROAD

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90034 015 ***150.00



JUPITER FL 33468		JUPITER FL 33468			DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or	Qualifed				
					05/06/1996					
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address			4. FEI Number		Apı	plied For		
21		26	26		65-0670183		No	t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional					
27					Fee Required					
City & State City & State		City & State			6. Election Campaign Financing \$5.00 May Be					
28					Trust Fund Contribution Added to Fees					
Zip			Country					المست		
24	25	29 30	l		Personal Property Ta 10. Name and Address		Yes	LSAIO		
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address	of New Registered	Agent			
HAD	IEEEDEV									
HAP, JEFFREY			82	82 Street Address (P.O. Box Number is Not Acceptable)						
341 WEST INDIANTOWN ROAD JUPITER FL 33468			83		1 1 1 1 1	1.47 8.1 (\$ 71.54)		1340 431163		
JUPI	ILN IL 90700		65		or of the fit		湖南部			
	·		84	City			85 Zip (Code Landon		
	to the provisions of Sections 607.050	. 1007.4500 Florido Statuto	the obeye	nomed corn	aration cultmite this stateme	ot for the nurnose of	changing its	registered		
office or re	raistared agent or both in the State	of Florida. Such change was autho	onzed by th	ne corporation	on's board of directors. I here	by accept the appoint	intment as re	gistered		
agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Statutes.							
SIGNATURE		AIOTE Per	ristand Asont s	signatura required	d when reinstating) /*2//	DATE				
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	agriatoro regulior	ADDITIONS/CHANGE	S TO OFFICERS AI	ND DIRECTO	RS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		117 3 117		☐ Change	Addition		
NAME	HAP, JEFFREY		1.2 NAME				,	[:		
STREET ADDRESS	341 WEST INDIANTOWN ROA	n	1.3 STREET A	ADORESS			•			
CITY-ST-ZIP	JUPITER FL 33468		1.4 CITY-ST-					_		
TITLE	JUFFIER I C 30-100	☐ DELETE	2.1 TITLE		,	•	☐ Change	Addition _		
NAME			2.2 NAME		•			Ι΄		
STREET ADDRESS			2.3 STREET A	ADDRESS	•					
CITY-ST-ZIP			2. 4 CITY-ST-	-ZIP						
TITLE		☐ DELETE	3.1 TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition		
NAME	(15月 -)		3.2 NAME				•	1		
STREET ADDRESS		·	3.3 STREET A	ADDRESS		n hyan (Malk Taja) estas	4. 1.2.150(图像)	2844 #32222		
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NAME .		,	4. 2 NAME							
STREET ADDRESS			4.3 STREET A	ADDRESS				ì		
CITY-ST-ZIP		<u></u>	4.4 CITY-ST-	ZIP						
TITLE		☐ DELETE	5.1 TITLE			•	☐ Change	☐ Addition		
NAME			5.2 NAME		***,					
STREET ADDRESS			5.3 STREET A	ADDRESS						
CITY-ST-ZIP	4	<u></u>	5.4 CITY-ST-	ZIP	3 / 1			·		
TITLE	19	☐ DELETE	6.1 TITLE			•	Change	☐ Addition		
NAME		`.	6.2 NAME	-						
STREET ADDRESS			6.3 STREET A	ADORESS			•. •	· · · ·		
			CACITY OT	710				1		

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 of the receiver of 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 on an attachment with an address, with all other like empowered.

SIGNATURE: