


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90077 016 ***150.00

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| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P96000052121

1. Corporation Name

PERRY D. MONIOUDIS, P.A.

Principal Place of Business

Mailing Address

**4520 NE 18TH AVE
STE 101
FT LAUDERDALE FL 33334
US**

**4520 NE 18TH AVE
STE 101
FT LAUDERDALE FL 33334
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1996

4. FEI Number

65-0701816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 315 SE 7th Street

2a. Mailing Address

26 315 SE 7th Street

Suite, Apt. #, etc.

22 2nd Floor

Suite, Apt. #, etc.

27 2nd Floor

City & State

23 Ft. Lauderdale, FL

City & State

28 Ft. Lauderdale, FL

Zip

24 33301

Country

25 U.S.A.

Zip

29 33301

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**MONIOUDIS, PERRY D
4520 NE 18TH AVE
STE 101
FT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name PERRY D. MONIOUDIS

**82 Street Address (P.O. Box Number is Not Acceptable)
315 S.E. 7th Street**

83 2nd Floor

84 City Ft. Lauderdale

FL

**85 Zip Code
33301**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/99

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | MONIOUDIS, PERRY D |
| STREET ADDRESS | 4520 NE 18TH AVE, STE 101 |
| CITY-ST-ZIP | FT LAUDERDALE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | PERRY D. MONIOUDIS |
| 1.3 STREET ADDRESS | 315 SE 7th STREET, SECOND FLOOR |
| 1.4 CITY-ST-ZIP | FT. LAUDERDALE, FLORIDA 33301 |
| 2.1 TITLE | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | SCOTT E. COHN |
| 2.3 STREET ADDRESS | 315 SE 7th STREET, SECOND FLOOR |
| 2.4 CITY-ST-ZIP | FT. LAUDERDALE, FLORIDA 33301 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Perry D. Monioudis, President 1/14/98 (954) 523-8787