

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 # P96000055373

1. Corporation Name

GARCIA, ELKINS & CARBONELL, P.A.

Principal Place of Business

105 S. NARCISSUS AVENUE  
SUITE 802  
W PALM BEACH FL 33401

Mailing Address

105 S. NARCISSUS AVENUE  
SUITE 802  
W PALM BEACH FL 33401

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90192 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1996

4. FEI Number

65-0675866

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

9. Name and Address of Current Registered Agent

GACIA, ISIDRO M  
105 S. NARCISSUS AVENUE  
SUITE 802  
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

ISIDRO M. Garcia

82 Street Address (P.O. Box Number is Not Acceptable)

712 North Olive Av

83

84 City

West Palm Beach FL

85 Zip Code

33401

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GARCIA, ISIDRO M  
STREET ADDRESS % 105 S. NARCISSUS AVENUE SUITE 802  
CITY-ST-ZIP W PALM BEACH FL 33401

TITLE D ☒ DELETE

NAME GARCIA, ISIDRO M  
STREET ADDRESS % 105 S. NARCISSUS AVENUE SUITE 802  
CITY-ST-ZIP W PALM BEACH FL 33401

TITLE D ☐ DELETE

NAME CARBONELL, MARK F  
STREET ADDRESS % 105 S. NARCISSUS AVENUE SUITE 802  
CITY-ST-ZIP W PALM BEACH FL 33401

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Garcia, Isidro M  
1.3 STREET ADDRESS 712 N. Olive Av.  
1.4 CITY-ST-ZIP W. Palm Beach, FL 33401

2.1 TITLE D ☒ Change ☒ Addition

2.2 NAME ELKINS, James S.  
2.3 STREET ADDRESS 712 N. Olive Ave  
2.4 CITY-ST-ZIP W. Palm Beach, FL 33401

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME Carbonell, Mark F.  
3.3 STREET ADDRESS 712 N. Olive Av  
3.4 CITY-ST-ZIP W. Palm Beach, FL 33401

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Boehringer, Maria K.  
4.3 STREET ADDRESS 712 N. Olive Av  
4.4 CITY-ST-ZIP W. Palm Beach, FL 33401

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)