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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000064907 1. Corporation Name

BROD LAW GROUP, P.A.

		•						<u> </u>
Principal Place	e of Business	Mailing Address			1 (881(88) (15 18)))	 	BOLLO MYNIS OLDER EDYLL	25111 1081 1081
19209 US HWY	7 41 N	PO BOX 428			,			
LUTZ FL 33549		LUTZ FL 33548	•	•				
US	•	US .				NOT WRITE IN T	HIS SPACE	
					Date Incorporated of	or Qualifed		1
					07/30/1996]
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Ар	plied For
21		26			59-3390942		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status	Desired V	**************************************	
22		27			5. Obtained of Clares	2000100	Fee Re	quired
City & Stat	te	City & State			6. Election Campaign	Financing	\$5.00	May Be
23		28			Trust Fund Contribi	tion	Added t	o Fees
Zip	Country	Zip	Cou	ntry	. 8. This corporation ow	es the current yea		_
24	25	29	30		Personal Property			□No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Addres	s of New Registe	red Agent	
550				81 Name				
BROD, SHERMAN M				82 Street Ad	Idress (P.O. Box Number is I	Int Acceptable)		
19209 US HWY 41 N				1 a 14 a	بيون موزيين	istor state from the court		
LUTZ	Z FL 33549			83				
				84 City		人名意大利 翻譯	85 Zip C	300 AU 44
				84 City			FL 85 Zip C	Joue
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Stati	utes, the at	pove-named co	rporation submits this statem	ent for the purpos	e of changing its	registered
office or r	registered agent, or both, in the Star im familiar with, and accept the obli	te of Florida. Such change was	authorized	by the corpora	ation's board of directors. I he	ereby accept the a	ppointment as re	gistered
· agent. ra		gations of, Section 607.0303, Fi	ionua State	1163.		•		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NO	E: Registered	Agent signature requ	ired when reinstating)	DATI	· E	
	Signature, typed or printed name of registered a	gent and title if applicable. (NOT		Agent signature requ	aired when reinstating)			PRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS A		E: Registered 13. 1.1 ΠΤ		ADDITIONS/CHANG			PRS IN 12
12.	Signature, typed or printed name of registered a OFFICERS A	AND DIRECTORS	13. 1.1 πτ	Œ .	ADDITIONS/CHANG		S AND DIRECTO	
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90002 038 ***158.75