

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 08, 1999 8:00 am**  
**Secretary of State**  
09-08-1999 90010 038 \*\*\*550.00

DOCUMENT # **P96000081283**  
Corporation Name

**AUTO ACCIDENT LAW CENTER P.A.**



Principal Place of Business  
**126 N FEDERAL HWY  
FT. LAUDERDALE FL 33306**

Mailing Address  
**4826 N FEDERAL HWY  
FT. LAUDERDALE FL 33306**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/01/1996</b>	
4. FEI Number <b>65-0705811</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business <b>5100 NORTH FEDERAL HWY SUITE 405 FORT LAUDERDALE FL 33308</b>	2a. Mailing Address <b>5100 NORTH FEDERAL HWY SUITE 405 FORT LAUDERDALE FL 33308</b>
Country <b>USA</b>	Country <b>USA</b>

9. Name and Address of Current Registered Agent <b>MCGONIGLE, JAMES T 6221 BANYAN TERRACE PLANTATION FL 33317</b>		10. Name and Address of New Registered Agent	
		81 Name <b>CHRISTIAN A. MCCUE</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>5100 NORTH FEDERAL HWY STE 405</b>	
		83	
		84 City <b>FT LAUDERDALE</b>	85 Zip Code <b>FL 33308</b>

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 **8/22/99**  
(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E IE EET ADDRESS /-ST-ZIP	<b>D MCCUE, LISA TORELLI 4826 N. FEDERAL HWY FT. LAUDERDALE FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5100 NORTH FEDERAL HWY STE 405 FORT LAUDERDALE FL 33308</b>
E IE EET ADDRESS /-ST-ZIP	<b>D MCCUE, CHRISTIAN A. 4826 N. FEDERAL HWY FT. LAUDERDALE FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5100 NORTH FEDERAL HWY STE 405 FORT LAUDERDALE FL 33308</b>
E IE EET ADDRESS /-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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E IE EET ADDRESS /-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E IE EET ADDRESS /-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]* **8/22/99 (954)938-9001**

CR2E034 (5/99)