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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600090198

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90109 011 ***150.00

| 1. Corporation Name | | | | | |
|---|--|--|---|--|--|
| HOWARD L. MERKEL P.A. | | | | | |
| HOWAIR | S E. MCHICE I IV | | 1 18011801 119 10118 01101 40111 80111 AN | | IBIO (101) (1 11) |
| | | | | | |
| Principal Place | e of Business Mailing Address | | | | INCEL INCE INCEL |
| | | | | | |
| 29122 CEDAR DR 29122 CEDAR DR BIG PINE KEY FL 33043 | | | | | |
| BIOTHERETTE SONS | | | DO NOT WRITE IN THIS SPACE | | |
| İ | | | 3. Date Incorporated or Qualifed | | |
| | | , | 10/31/1996 | | |
| 2. Principal Place of Business 2a. Mailing Address (| | 4. | 4. FEI Number | App | olied For |
| 21 540 | n Key Deer PKUd 26 540 Key Deer | n Blod | 65-0706317 | Not | Applicable |
| Suite, Apt. | #, etc. Suite, Apt. #, etd. | , | 5. Certificate of Status Desired | \$8.75 ∧ | |
| 22 | | | 3. Sertificate or Status Bearing | Fee Re | quired |
| City & State | State A | 1/ 1/11 | 6. Election Campaign Financing | \$5.00 | * |
| 23 11 6 | > PINE New 1 28 NIG FINE | Rey PU | Trust Fund Contribution | Added to | Fees |
| Zb A | Country | Countly/ | 8. This corporation owes the current year | | |
| 24 7 70 | 149 25 US /4 29 35045 30 | | Personal Property Tax. | | □No |
| | 9. Name and Address of Current Registered Agent | 81 Name | 10. Name and Address of New Registers | ed Agent | |
| 81 | | | | | |
| | KEL, HOWARD L | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | | |
|) | 22 CEDAR DR | | | | |
| BIG | PINE KEY FL 33043 | 83 | | | |
| } | | 84 City | | . [85 Zip C | ode |
| | | 1 ' | | LI | |
| 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. | | | | | |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| | | | | | |
| | 1 h . W 1 T 1 (A 1 . I) | | _ | • | |
| SIGNATURE | Signature, typed or printed name of registed each and title if applicable. (NOTE: Re | egistered Agent signature require | ed when reinstating) DATE | | |
| SIGNATURE | Signature, typed or printed name of registered start and title if applicable. (NOTE: Re | egistered Agent signature require | | AND DIRECTO | RS IN 12 |
| SIGNATURE 12. TITLE | Significated by printing representations and title if applicable. (NOTE: Response of printing representations of the principle of the principl | ngistered Agent signature require 13. 1.1 TITLE | ed when reinstating) DATE | | |
| SIGNATURE 12. TITLE NAME | Stgrifture, typed or printed remote registered and title if applicable. (NOTE: Re OFFICER'S AND DIRECTORS PTD MERKEL, HOWARD L | ngistered Agent signature require 13. 1.1 TITLE 1.2 NAME | ed when reinstating) DATE | AND DIRECTO | RS IN 12 |
| SIGNATURE 12. TITLE | Stgrifture, typed or printed remote registered and title if applicable. (NOTE: Re OFFICER'S AND DIRECTORS PTD MERKEL, HOWARD L 29122 CEDAR DR | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | ed when reinstating) DATE | AND DIRECTO | RS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signifun. typed or printed remote registered and title if applicable. (NOTE: Respectively.) OFFICER'S AND DIRECTORS PTD MERKEL, HOWARD L 29122 CEDAR DR BIG PINE KEY FL 33043 | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | ed when reinstating) DATE | AND DIRECTO | RS IN 12 |
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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 proporation 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:

MAGUMUNE PREQUIRED SHINATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30(-872-8998

Date