

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

FILED

99 JUL 14 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #P96000101251			
1. Corporation Name C.J. Lo Paro O.D. & Associates, P.A.			
Principal Place of Business 12801 W. Sunrise Blvd. Suite 931 Sunrise, FL 33323		Mailing Address Same	
2. Principal Place of Business 21 12801 W. Sunrise Blvd Suite, Apt. #, etc. 22 Suite 931 City & State 23 Sunrise, FL Zip Country 24 33323 25		2a. Mailing Address 26 12801 W. Sunrise Blvd. Suite, Apt. #, etc. 27 Suite 931 City & State 28 Sunrise, FL Zip Country 29 33323 30	
3. Date Incorporated or Qualified 12/16/96 effective 01/01/1997			
4. FEI Number 65-0714682		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Amerilawyer Chartered 343 Almeria Avenue Coral Gables, Florida 33134		10. Name and Address of New Registered Agent 81 Spiegel & Utrera, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue 83 84 City Coral Gables FL 85 Zip Code 33134	
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 to be 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. By: <i>[Signature]</i> SIGNATURE Signature, type and print name of officer or director if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P C.J. Lo Paro 2311 S.W. 98th Terrace Ft. Lauderdale, FL 33324 <input type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP S/T Gloria G. Lo Paro 2311 S.W. 98th Terrace Ft. Lauderdale, FL 33324 <input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 500002937025--6 -07/21/99--01003--015 ***150.00 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-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	
TITLE NAME STREET ADDRESS CITY-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	

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:

CR2F034 (11/99)

**C.J. Lo Paro O.D. & Associates, P.A.  
12801 West Sunrise Boulevard, Suite 931  
Sunrise, Florida 33323  
(954) 851-9949**

July 12, 1999

Secretary of State  
Annual Reports Filings  
Division of Corporations  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

**Re: C.J. Lo Paro, O.D. & Associates, P.A.  
Document #P96000101251**

Gentlemen:

Enclosed herewith please find the 1999 Annual Report for the above captioned corporation and check made out to the Department of State in the amount of \$150.00.

Please allow this letter to serve as a request for the Secretary of State to waive the additional filing fee as the reason the Annual Report is being sent late is due to the fact that I was in a car accident and it is just now that my recovery process has permitted me to get back to work.

I trust all the information is in order, however, should you have any questions please do not hesitate to contact the undersigned.

Sincerely,

A handwritten signature in black ink, appearing to be 'CJL', written over the word 'Sincerely,'.

**Dr. C.J. Lo Paro  
President**