## 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 # **P9700000182**1. Corporation Name

ADAM B. SWICKLE, P.A.

Original Disc							1901 BBDD BBABI IX	191 (1916 1196 1996)
Principal Plac	e of Business	Mailing Address						(B) (B) (B)
633 SE 3RD A	VE	633 SE 3RD AVE						
SUITE 4F		SUITE 4F						
FT LAUDERDAL	LE FL 33301	FT LAUDERDALE FL 33301				DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated of Qualifed		
						01/01/1997		•
2. Principal P	Place of Business	2a, Mailing Address				4. FEI Number	<i></i>	Applied For
21		26				65-0719392	1 1	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional
22		27				3. Considere di Otatos Besired	Fee F	Required
City & Stat	te	City & State				6. Election Campaign Financing	\$5.0	0 May Be
23		28				Trust Fund Contribution	Added	d to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year	r Intangible	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registe	red Agent	
				81 N	lame		~	
	CKLE, ADAM B ESQ/			82 S	Stroot Addro	ss (P.O. Box Number is Not Acceptable)		
	S.E. 3RD AVE.			02 3	aneer Addres	ss (F.O. Box Number is Not Acceptable)		
Sun	TE 4F			83			30, 200 ME 10	\$13.5 Hg 189
FOR	IT LAUDERDALE FL 33301					1.1. 人。自由起始被制度。	推翻推出	
				84 C	City	The second secon	85 Zir	Code
e year	to the annulaions of Postions 607 050	2 and 607 1509 Elorido Statut	os the a	bovo na	amod cornor	ration submits this statement for the purpos	e of changing i	te registered
office or r	registered agent, or both, in the State	of Florida. Such change was a	uthorized	i by the	corporation	n's board of directors. I hereby accept the ap	ppointment as	registered
agent. I a	am familiar with, and accept the obliga	itions of, Section 607.0505, Flò	rida Stat	utes.			•	
SIGNATURE								
	Signature, typed or printed name of registered ager			Agent sig	gnature required v	when reinstating) / , DATE		-
12.	OFFICERS AN	ID DIRECTORS	13.		gnature required v	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
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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 of an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

02-10-1999 90004 021 \*\*\*150.00