SECOND 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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 30 PM 2:36

DOCUMENT # **P97000007430**

1. Corporation Name
KEVIN L. DEEB, P.A.

Principal Place of Business	Mailing Address
3211 PONCE DE LEON BLVD SUITE 202 CORAL GABLES FL 33134 US	3211 PONCE DE LEON BLVD SUITE 202 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1997

2. Principal Place of Business	2a. Mailing Address
21 999 PONCE DE LEON BLVD	26 999 Ponce de Leon Blvd
Suite, Apt. #, etc 22 1015	Suite, Apt. #, etc. 27 Suite 1015
City & State 23 Coral Gables, FL	City & State 28 Coral Gables, FL
Zip 24 33134 Country 25 USA	Zip 29 33134 Country 30 USA

4. FEI Number: 65-0732005 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

DEEB, KEVIN L.
3211 PONCE DE LEON BLVD
SUITE 202
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: DEEB, KEVIN L.
82 Street Address (P.O. Box Number is Not Acceptable): 999 Ponce de Leon Blvd,
83: Suite 1015
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, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D ☑ DELETE	1.1 TITLE: D — ADDRESS ☑ Change ☐ Addition
NAME	DEEB, KEVIN L	1.2 NAME: KEVIN L. DEEB
STREET ADDRESS	3211 PONCE DE LEON BLVD, SUITE 202	1.3 STREET ADDRESS: 999 Ponce de Leon Blvd, Suite 1015
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP: Coral Gables, FL 33134
TITLE	☐ DELETE	2.1 TITLE: CEO ☐ Change ☑ Addition
NAME		2.2 NAME: KEVIN L. DEEB
STREET ADDRESS		2.3 STREET ADDRESS: 999 Ponce de Leon Blvd., Suite 1015
CITY-ST-ZIP		2.4 CITY-ST-ZIP: Coral Gables, FL 33134
TITLE	☐ DELETE	3.1 TITLE: D ☐ Change ☑ Addition
NAME		3.2 NAME: ERICK L. DEEB
STREET ADDRESS		3.3 STREET ADDRESS: 999 Ponce de Leon Blvd., Suite 1015
CITY-ST-ZIP		3.4 CITY-ST-ZIP: Coral Gables, FL 33134
TITLE	☐ DELETE	4.1 TITLE: PRESIDENT ☐ Change ☑ Addition
NAME		4.2 NAME: ERICK L. DEEB
STREET ADDRESS		4.3 STREET ADDRESS: 999 Ponce DE LEON BLVD, SUITE 1015
CITY-ST-ZIP		4.4 CITY-ST-ZIP: CORAL GABLES, FL 33134
TITLE	☐ DELETE	5.1 TITLE: SECRETARY ☐ Change ☑ Addition
NAME		5.2 NAME: KEVIN L. DEEB
STREET ADDRESS		5.3 STREET ADDRESS: 999 Ponce de Leon Blvd., Suite 1015
CITY-ST-ZIP		5.4 CITY-ST-ZIP: Coral Gables, FL 33134
TITLE	☐ DELETE	6.1 TITLE: ☐ Change ☐ Addition
NAME		6.2 NAME:
STREET ADDRESS		6.3 STREET ADDRESS:
CITY-ST-ZIP		6.4 CITY-ST-ZIP:

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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.

SIGNATURE: _____ 9/14/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)