

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

030252

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000025642

1. Corporation Name

JOAN I. NEUWIRTH, P.A.

Principal Place of Business

9837 NW 2 CT
PLANTATION FL 33324

Mailing Address

9837 NW 2 CT
PLANTATION FL 33324

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

NEUWIRTH, JOAN I
9837 NW 2 CT
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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. The duly accepted the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the filer, if applicable

(Print Name of Registered Agent and Filer)

Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME NEUWIRTH, JOAN I
STREET ADDRESS 9837 NW 2 CT
CITY-STATE-ZIP PLANTATION FL 33324

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CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

President

[Change] [Addition]

11 NAME

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 NAME

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 NAME

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 NAME

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 NAME

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 NAME

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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)(a), 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. 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:

Joan I. Neuwirth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 984-370-3024

CR2E034 (1/1/99)