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 # P97000041155

1. Corporation Name

MARIO G. DE MENDOZA, III, P.A.

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90063 040 ***150.00



Principal Place	of Business	Mail	ing Address				H
251 ROYAL PALM WAY. STE 602 PALM BEACH FL 33480			251 ROYAL PALM WAY. STE 602 PALM BEACH FL 33480			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
						05/01/1997	
	ace of Business	\vdash	Mailing Address		•	4, FEI Number Applied For	
21			26 Cuite And the pto			65-0749084 Not Applica	$\neg \neg$
Suite, Apt. #, etc.		\vdash	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required	,
City & State			City & State			6. Election Campaign Financing 55.00 May Be	
23			28			Trust Fund Contribution Added to Fees	
Zip Country			Zip Country			8. This corporation owes the current year Intangible	İ
24	25	29	30	<u>, </u>		Personal Property Tax. Yes No	
	9. Name and Address of Current	Registe	ered Agent			10. Name and Address of New Registered Agent	
DE MENDOZA MARIO O III EGO				81	Name		
DE MENDOZA, MARIO G III ESQ 251 ROYAL PALM WAY, STE 602			82	Street A	ress (P.O. Box Number is Not Acceptable)		
PALM BEACH FL 33480			83			\dashv	
						85 Zip Code	{
				84	City	FL 85 Zip Code	- 1
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							- 1
	Signature, typed or printed name of registered agent				nt signature req	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE	OFFICERS AND	DIREC	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO	
NAME	DE MENDOZA, MARIO G III			1.2 NAME		_ , _	ı
STREET ADDRESS	251 ROYAL PALM WAY, STE 60	19		1.3 STREE	TADORESS		- 1
CITY-ST-ZIP	PALM BEACH FL 33480	<i>,</i> –		1.4 CITY-S			ľ
TITLE	PTS		DELETE	2.1 TITLE		☐ Change ☐ Ado	dition
NAME	DE MENDOZA, MARIO G III			2.2 NAME	Ì		
STREET ADDRESS	251 ROYAL PALM WAY STE 60	2		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	PALM BCH FL 33480			2. 4 CITY-5	ST-ZIP	·	
TITLE	AS	art t	☐ DELETE	3.1 TITLE		Change Add	dition
NAME	WILKINSON, DEBRA			3.2 NAME			- 1
STREET ADDRESS	251 ROYAL PALM WAY STE 60	2		3.3 STREE	TADORESS		
CITY-ST-ZIP	PALM BCH FL 33480			3.4. CITY-S	ST-ZIP		3141
TITLE			☐ DELETE	4.1 TITLE		☐ Change ☐ Add	ПОПІ
NAME				4.2 NAME	1		1
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP	<u> </u>		ם הכו בדב	4.4 CITY-S	T-ZIP	☐ Change ☐ Ado	dition
TITLE			☐ DELETE	5.1 TITLE 5.2 NAME			210O(1)
NAME	•				TADORESS		Ì
STREET ADDRESS	_			5.4 CITY-S	- 1		
CTTY-ST-ZIP	<u> </u>		☐ DELETE	6.1 TITLE	1-ZIF	☐ Change ☐ Ado	dition
TITLE	•			6.2 NAME			. "
NAME	•				TADDRESS		
STREET ADDRESS				0.00			- 1

CITY-ST-ZIP 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 pocarver 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 or pay approximent with an address, with all other like empowered.

SIGNATURE: