

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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90083 036 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000042913**

1. Corporation Name

**MITCHELL R. PAVLIK, P.A.**



Principal Place of Business

Mailing Address

1099 NW 7TH ST  
BOCA RATON FL 33486

1099 NW 7TH ST  
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/14/1997**

4. FEI Number

**65-0754561**

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **6044 N.W. 66TH WAY**

Suite, Apt. #, etc.

22 City & State

23 **PARKLAND, FLORIDA**

Zip Country

24 **33067-1308** 25 **BROWARD**

2a. Mailing Address

26 **6044 N.W. 66TH WAY**

Suite, Apt. #, etc.

27 City & State

28 **PARKLAND, FLORIDA**

Zip Country

29 **33067-1308** 30 **BROWARD**

9. Name and Address of Current Registered Agent

**PAVLIK, MITCHELL R**  
1099 NW 7TH ST  
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name **PAVLIK, MITCHELL R**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6044 N.W. 66TH WAY**  
83  
84 City **PARKLAND** FL 85 Zip Code **33067-1308**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>PAVLIK, MITCHELL R</b>	
STREET ADDRESS	<b>1099 NW 7TH ST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>6044 NW 66TH WAY</b>
1.4 CITY-ST-ZIP	<b>PARKLAND, FL 33067-1308</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

**MITCHELL R. PAVLIK, PRES.** 1-5-99 561 498-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)