

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

DOCUMENT # P97000048562

Corporation Name

SIGNATURE MEDICO-LEGAL CONSULTANTS, INC.

Principal Place of Business

007 NORTH FEDERAL HIGHWAY
SUITE 264
FT LAUDERDALE FL 33304

Mailing Address

1007 NORTH FEDERAL HIGHWAY
SUITE 264
FT LAUDERDALE FL 33304

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90005 001 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/03/1997	
Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0757762	
City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29. City & State		29. City & State		8. This corporation owes the current year intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		81. Name			
		82. Street Address (P.O. Box Number is Not Acceptable)			
		83.			
		84. City			
		FL 85. Zip Code			

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.

NATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
PTD BEAVER, CHARLES P II 1007 NORTH FEDERAL HIGHWAY FT LAUDERDALE FL 33304		<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
SVD SEELEY, ROBERT A 1007 NORTH FEDERAL HIGHWAY FT LAUDERDALE FL 33304		<input type="checkbox"/> DELETE		1.2 NAME			
		<input type="checkbox"/> DELETE		1.3 STREET ADDRESS			
		<input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP			
		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		2.2 NAME			
		<input type="checkbox"/> DELETE		2.3 STREET ADDRESS			
		<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP			
		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		3.2 NAME			
		<input type="checkbox"/> DELETE		3.3 STREET ADDRESS			
		<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP			
		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		4.2 NAME			
		<input type="checkbox"/> DELETE		4.3 STREET ADDRESS			
		<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP			
		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		5.2 NAME			
		<input type="checkbox"/> DELETE		5.3 STREET ADDRESS			
		<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP			
		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		6.2 NAME			
		<input type="checkbox"/> DELETE		6.3 STREET ADDRESS			
		<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP			

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 located 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 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.

NATURE: CHARLES P BEAVER II Charles P Beaver II 8-20-99 954 321 0289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0062303

CR2E034 (5/99)