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 # P97000057938

JEFFREY S. LESLIE, P.A.

Principal Place of Business		Mailing Address
1001 N US HWY ONE. SUITE 60 JUPITER FL 33478	0	1001 N US HWY ONE. SUITE 600 JUPITER FL 33478

FILED Jan 22, 1999 8:00am **Secretary of State** 01-22-1999 90049 016 ***150.00



Principal Plac	ce of Business	Mailing Address			1 10011001 118 1811 1881 0011 0011 0011	I BARA IBBAR IBI	00 18881 1811 1001
	VY ONE. SUITE 600	1001 N US HWY ONE. SUIT	E em				
JUPITER FL 33		JUPITER FL 33478	L 000				
			Ĺ	DO NOT WRITE IN THIS SPACE			
	*				3. Date Incorporated or Qualifed		
					06/30/1997		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26			65-0765139	N	lot Applicable
Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Additional	
22 27					Fee F	Required	
City & State City & State			}	6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	į	8. This corporation owes the current year Ir	<u>~</u>	
24	25		30		Personal Property Tax.	∐ Yes	□No
9. Name and Address of Current Registered Agent			81 Na		10. Name and Address of New Registered	Agent	
I EQ	LIE, JEFFREY S	Salar I de la companya de la company	91 10	ame			
	1 N.US HWY ONE, SUITE 600	•	82 St	reet Address	s (P.O. Box Number is Not Acceptable)		
	TER FL 33478						
JUP	11EN FL 334/0		83				がは単観。
	r .		84 Ci	ity		85 Zlp	Code
44 Dumoupat	to the provisions of Sections 607.05	ED2 and 607 1509 Elocida Statuta		mod corporat	F1	-	c registered
office or	registered agent, or both, in the State	le of Florida: Such change was au	thorized by the	corporation's	tion submits this statement for the purpose of board of directors. I hereby accept the appo	i changing it intment as r	egistered
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505, Flori	da Statutes.				
SIGNATURE			~				
12.	Signature, typed or printed name of registered ag	AND DIRECTORS	Registered Agent sign	ature required who	en reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDECT	ODS IN 12
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	
NAME	LESLIE, JEFFREY S		1.2 NAME		* 5 %		
STREET ADDRESS		- enn	1.3 STREET ADDI	DEGC			
	JUPITER FL 33478	2 000	1	NESS			
CITY-ST-ZIP TITLE	JUPITER PL 33478	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
		_ Jene		1		[_] Orlange	
NAME	: · · `		2.2 NAME	·	•		
STREET ADDRESS			2.3 STREET ADD				
CITY-ST-ZIP		T DELETE	2. 4 CITY-ST-ZIP	·	·	C Character	T Addition
NAME AND SOME	K, KAREY A	DELETE	3.1 TITLE			☐ Change	Addition
12.0	上 数据 1985 1985 1985 1985 1985 1985 1985 1985		3.2 NAME				
STREET ADDRESS	1		3.3 STREET ADOI	RESS	3.5	4	(5)
CITY-ST-ZIP	111111111111111111111111111111111111111		3.4. CITY-ST-ZIP	·			
TITLE	1.					: Change	Addition
NAME	. C	☐ DELETE	4.1 TITLE		The state of the s		
STREET ADDRESS			4.1 TITLE 4.2 NAME		t Miller pet Medite at		
CITY-ST-ZIP	12	DELETE	1	RESS	The second secon		
	11		4, 2 NAME	RESS			
TITLE	11.		4,2 NAME 4,3 STREET ADDI 4,4 CITY-ST-ZIP 5,1 TITLE	RESS		☐ Change	☐ Addition
NAME	1.5	:	4.2 NAME 4.3 STREET ADDI 4.4 CITY- ST-ZIP 5.1 TITLE 5.2 NAME			☐ Change	Addition
•	1.12	:	4,2 NAME 4,3 STREET ADDI 4,4 CITY-ST-ZIP 5,1 TITLE			☐ Change	Addition
NAME	\$ P	DELETE	4.2 NAME 4.3 STREET ADDI 4.4 CITY- ST-ZIP 5.1 TITLE 5.2 NAME			☐ Change	☐ Addition
NAME STREET ADDRESS	Si Lichard Francis	□ DELETE	4.2 NAME 4.3 STREET ADDI 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDI			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	\$ 1091 St. 455 St. 17 C.	□ DELETE	4. 2 NAME 4.3 STREET ADDI 4.4 CITY- ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDI 5.4 CITY- ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP	Si Lichard Francis	□ DELETE	4.2 NAME 4.3 STREET ADDR 4.4 CITY- ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDR 5.4 CITY- ST-ZIP 6.1 TITLE	RESS			

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, with all other like empowered.

SIGNATURE: