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 # P97000058359

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

SHAFFER & SHAFFER, P.A.

Principal Place	e of Business	Mailing Address							
2201 CORPORA	ITE BLVD., N.W.	2201 CORPORATE BLVD., N.W.							
SUITE 105		SUITE 105			DO NOT MIDITE IN THIS SDACE				
BOCA RATON I	FL 33431	BOCA RATON FL 33431 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
00		00				1/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Nu	mber	-	App	olied For
21		26			65-07	<u> 64479 </u>		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certifos	ate of Status Desire	ed -	\$8.75 A	7
22		27			J, Coruna			Fee Rec	quired
City & State		City & State				n Campaign Financ	cing 🗆	\$5.00	- 1
23		28			+	und Contribution		Added to	Fees
Zip	Country	Zip	_ Co⊔ntry		I	rporation owes the	current year In		□No
24	25	29 3	0			al Property Tax. and Address of N	low Pogletored		110
	9. Name and Address of Curre	nt Registered Agent	81	Name	10, Maille	and Address of It	iem vediatered	Agent	
SHAI	FFER, ROGER L JR.	_ [1401110		·				
2500 N. MILITARY TRE., STE. 270 2201 LORDA			82	Street Addre		Number is Not Ac	centable)	•	
BOC	A RATON FL 33431	83	770	Coa	POPATE	DIND			
		Suite 105	03	Swin	Elos	<u> </u>	_		
			84	City 2	1 D	ANDO	FL	85 Zip C	ode 1
44 Discount	to the provisions of Sections 607.05	02 and 607 1509 Florida Statutes	the above	-named corne	oration submit			changing its	registered
office or a	egistered agent, or both, in the State	e of Florida. Such change was auti	horized by t	the corporatio	on's board of d	lirectors. I hereby a	accept the appo	ntment as reg	jistered
agent, I a	m familiar with, and accept the oblig	jations of, Section 607.0505, Florid	la Statutes.	i			261	aG	
SIGNATURE	Signature, woed on Digited name of registered as	nent and title if applicable (NOTE: R	egistered Agen	t signature required	when reinstating)	 	DATE	- A-li	
12.	7. 1	AND DIRECTORS	13.			ONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE				•	☐ Change	☐ Addition
NAME	SHAFFER, ROGER L		1.2 NAME						
STREET ADDRESS	2201 CORPORATE BLVD. N.V	W., SUITE 105	1.3 STREET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-ST	r-ZIP					
TITLE	D	☐ DELETE	2.1 TITLE					☐ Change	☐ Addition
NAME	SHAFFER, ROGER L JR.		2.2 NAME						
STREET ADDRESS	2201 CORPORATE BLVD. N.V	N., SUITE 105	2.3 STREET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33431		2. 4 CITY- S	T-ZIP					
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			·		
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS	•		4.3 STREET	ADDRESS		•			
CITY-ST-ZIP			4.4 CITY-ST	r-zip					
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME		÷			•	ł
STREET ADDRESS			5.3 STREET						
CITY-ST-ZIP		- Delete	5.4 CITY-ST 6.1 TITLE	1-ZIP				Change	Addition
TITLE		☐ DELETE						☐ Change	
NAME	1		6.2 NAME					•	

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 conforation 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 chapter 607, or on an attachment with appropriate the empowered.

6.3 STREET ADDRESS

Shaffer 2/3

6.4 CITY-ST-ZIP

TO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90199 049 ***150.00