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

FILED
Mar 25, 1999 8:00 am
Secretary of State
03-25-1999 90044 024 ***150.00

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DOCUMENT # **P97000070100**

1. Corporation Name
STEVEN D. SEDERHOLM, M.A., CCC/A, P.A.

Principal Place of Business	Mailing Address
1403 WEST BOYNTON BEACH BLVD SUITE 6 BOYTON BEACH FL 33426	1403 WEST BOYNTON BEACH BLVD SUITE 6 BOYTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1997

2. Principal Place of Business	2a. Mailing Address
21 10075 Jog Road	26 10075 Jog Road
Suite, Apt. #, etc. 22 Suite 107	Suite, Apt. #, etc. 27 Suite 107
City & State 23 Boynton Beach, FL	City & State 28 Boynton Beach, FL
Zip / Country 24 33437 25 USA	Zip / Country 29 33437 30 USA

4. FEI Number: 65-0778984 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SEDERHOLM, STEVEN D 1403 WEST BOYNTON BEACH BLVD SUITE 6 BOYTON BEACH FL 33426	81 Name: Steven D. Sederholm 82 Street Address (P.O. Box Number is Not Acceptable): 10075 Jog Road 83 Suite 107 84 City: Boynton Beach FL 85 Zip Code: 33437

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] 2/11/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SEDERHOLM, STEVEN D		1.2 NAME		
STREET ADDRESS	1403 WEST BOYNTON BEACH BLVD, STE 6		1.3 STREET ADDRESS	10075 Jog Road, Suite #107	
CITY-ST-ZIP	BOYTON BEACH FL 33426		1.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-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-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED — 2/11/99 Date — (561)7345969 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)