

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

1

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1998-1999			
DOCUMENT # P97000070948			
1. Corporation Name JAMES R. MANN P.A.			
Principal Place of Business		Mailing Address	
11077 BISCAYNE BLVD.		SUITE 200	
MIAMI FLORIDA 33189			
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 191AM1	26 SAME	8/15/97	
22 SUITE 200	27	4. FEI Number 65-0773775	
23 MIAMI FLORIDA	28	Applied For Not Applicable	
24 33189	29	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
JAMES MANN 1800 N.E. 114 STREET MIAMI FLORIDA 33181		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	
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			
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

FILED

99 MAY 18 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)

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 in an amendment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

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**JAMES R. MANN**  
ATTORNEY AT LAW

April 19, 1999

Florida Department of State  
Secretary of State  
Division of Corporations  
Annual Reports Filings  
P. O. Box 6327  
Tallahassee, FL 32314

Re: JAMES R. MANN, P.A.


Gentlemen:

Enclosed please find 1999 Annual Report, along with a check for \$150. You will also see enclosed, the 1998 Annual Report along with a check for \$150.

This law firm never received the 1998 form and, therefore, never filed it. Subsequently, it was never paid and in addition, we never received the 1999 form. This 1998 non-filing was just brought to our attention by the C.P.A. firm engaged for our tax return preparation when they asked for the 1999 form.

Inasmuch as we did not received 1998 and 1999 forms, we would appreciate if the penalty for 1998 was abated, and would further appreciate if the computer files would be updated in order to receive the next year's annual report.

Very truly yours,



James Mann