FILED

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90035 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000071592

1. Corporation Name

W. MORGAN SPEER, P.A.

Principal Place	e of Business	Mailing Address			is mairt dætir tåndt tilbæt åtirm tåtim timt 100)
18 VIA DE CASAS SUR 18 VIA DE CASAS SUR			•		
NO. 202		NO. 202		DO NOT WIRIT	E IN THIS SPACE
BOYNTON BEA	CH FL 33426	BOYNTON BEACH FL 33426		3. Date Incorporated or Qualifed	E IN THIS SPACE
				08/18/1997	1
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	Worth Ave.	26 205 Worth	Ave.	65-0796137	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
201		27 201		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
	<u> Beach, FL</u>	28 Palm Beach		- Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the curre	nt year Intangible [☐ Yes ☑ No 〔
24 3348		29 33480 30	ol USA	Personal Property Tax. 10. Name and Address of New R	
	9. Name and Address of Current	t Registered Agent	81 Name		ogistered Agent
SPFI	ER, W. MORGAN			<u>Speer, W. Morgan,</u>	ESQ.
18 VIA DE CASAS SUR			82 Street Addr	ess (P.O. Box Number is Not Acceptal 205 Worth Avenue	ble) ·
NO. 202			83	203 Worth Avenue	
BOYNTON BEACH FL 33426				Suite 201	
			84 City	Dolm Dood El	FL 85 Zip Code 33480
		2 and 607:1508. Florida Statutos	the oboug named som	Pa1m Beach, FL oration submits this statement for the	ournose of changing its registered
11. Pursuant office or re	to the provisions of Sections 507.0502 egistered agent, or both, in the State of	z and 607.1508, Florida Statutes, of Florida. Such change was auth	orized by the corporation	on's board of directors. Thereby accep	t the appointment as registered
agent. La	m familial with, and accept the obligat	tions of, Section 607.0505, Florida	a Statutes.		
SIGNATURE	(U. YY XXaan	Speen		Carte and State and a second second second	DATE
-	Signature, typed or printed name of rehistered agen OFFICERS AN		egistered Agent signature require 13.		FICERS AND DIRECTORS IN 12
12.	D	DELETE	1,1 TITLE	ABBITIONO/OFFICE TO OFF	Change Addition
NAME	SPEER, W. MORGAN	D +	1.2 NAME		_
STREET ADDRESS	18 VIA DE CASAS SUR NO. 20	12	1.3 STREET ADDRESS		j
}	BOYNTON BEACH FL 33426	-	1.4 CITY-ST-ZIP		
TITLE	BOTHTON BERONTE GOTES	☐ DELETE	2.1 TITLE	 	☐ Change ☐ Addition
NAME		_	2.2 NAME	•	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP				•	
TITLE			2 4 CITY-ST-7IP		1
NAME		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
		☐ DELETE			☐ Change ☐ Addition
ļ. <u>.</u>		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addition
STREET ADDRESS		☐ DELETE	3.1 TITLE 3.2 NAME		☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS