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## 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 #

<ol> <li>Corporation</li> </ol>	OK C. HEIDGERD, P.A.	U/	5212					1			
Principal Place of Business Mailing Address 321 S.E. 15TH AVENUE 321 S.E. 15TH AVE FORT LAUDERDALE FL 33301 FORT LAUDERDALE				AVENUE				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifed 09/10/1997	THO OF ACE		
2. Principal Place of Business			2a. Mailing Address					4. FEI Number 65-0779784	<b>——</b>	Applied For Not Applicable	
Suite, Apt.	# etc	26	Suite, Apt. #, etc.							Additional	
22	#, <del>G</del> IC.	27	Oute, Apr. #, etc.					5. Certificate of Status Desired	•	Required	
City & State	9	1271	City & State					6. Election Campaign Financing	\$5.00	May Be	
23	_	28	•					Trust Fund Contribution		to Fees	
Zip	Country Zip			Country				8. This corporation owes the current year Intangible			
24	25	29	;	30				Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Currer	nt Regis	stered Agent					10. Name and Address of New Regist	ered Agent	<del></del>	
UEID	OFFICE C				81	Name					
HEIDGERD, FREDERICK C					82	Street A	ddress	(P.O. Box Number is Not Acceptable)	****		
321 S.E. 15TH AVENUE FORT LAUDERDALE FL 33301					_						
FUR	I LAUDENDALE FL 33301				83						
					84	City			FL 85 Zip	Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Flori	da. Such change was au	thorized	Dy	tne corpor	ation s	tion submits this statement for the purpos board of directors. I hereby accept the	appontunent as	ts registered registered	
SIGNATURE						<del>, , ,</del>		Di	TE		
	Signature, typed or printed name of registered age OFFICERS AI			13.	Agen	t signature rec	quirea wn	ADDITIONS/CHANGES TO OFFICE		ORS IN 12	
12.	D/P	אט טואנ	DELETE	1.1 TIT	n.E	T		ADDITIONS/OFFAREE TO GET THE E	Change		
NAME	HEIDGERD, FREDERICK C			1.2 NA						Ì	
STREET ADDRESS	321 S.E. 15TH AVENUE					ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			1.4 CI							
TITLE	TOTAL DIODENDALE TE GOOD		☐ DELETE	2.1 TIT					☐ Change	Addition	
NAME				2.2 NA	ME.						
STREET ADDRESS				2.3 ST	REET	ADDRESS				ļ	
CITY-ST-ZIP				2.4 C	TY-S	T-ZIP	-	- <u></u>			
TITLE			☐ DELETE	3.1 TIT	LΕ				☐ Change	Addition	
NAME				3 2 NA	ME						
STREET ADDRESS				3.3 ST	REET	ADDRESS					
CITY-ST-ZIP				3.4. CI	TY-S	T-ZIP					
TITLE			☐ DELETE	4.1 TIT	ΠE				☐ Chang	e Addition	
NAME				4. 2 N	AME					İ	
STREET ADDRESS				4.3 ST	REET	ADDRESS					
CITY-ST-ZIP				4.4 CF	TY-S	T-ZIP					

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 frue 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 changes, or on an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5,4 CITY-ST-ZIP

DELETE

☐ DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

· Change

☐ Change

Addition

Addition