Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90222 008 \*\*\*150.00

## 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 # P97000080489

1. Corporation	n Name LD G. STAMBAUGH, P.A.							
Principal Place of Business Mailing Address							12	
1400 CENTREPARK BLVD STE 860 1400 CENTREPARK BLVD STE WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401								
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 09/16/1997		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ар	plied For
21	• • •	26				65-0779893	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_	\$8.75	Additional
22	•	27				5. Certificate of Status Desired	Fee Re	quired
City & Stat	e	City & State	. ~	-,-	<del></del>	6. Election Campaign Financing	\$5.00	May Be
23	-	28				Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Countr	у		8. This corporation owes the current year In	tangjble	
24	25	29 3	o			Personal Property Tax.	Yes	□No
	9. Name and Address of Current		<u>*</u>			10. Name and Address of New Registered	Agent	
	3	<u> </u>	8	1 Name				
YEEND, JOHN M			_					
1109 S CONGRESS AVE			82	2 Street /	Addre	ss (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33406			8:	83				
-								
			84	4 City		FI	85 Zip (	Code
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auti	norizea b	y tne corpo	corpo oration	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	f changing its intment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Ag	ent signature re	equired	when reinstating) OATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PVTS DELETE		1,1 TITLE				☐ Change	Addition
NAME			1.2 NAME	1.2 NAME				
STREET ADDRESS	ANA CORROLLA BOAR		1.3 STRE	ET ADDRESS				,
CITY-ST-ZIP	WEST PALM BEACH FL 33401		1.4 CITY-					
TITLE	D DELETE			2.1 TITLE			☐ Change	Addition
	STAMBAUGH, REGINALD G			2.2 NAME		,		
NAME				2.3 STREET ADDRESS				ł
STREET ADDRESS	WEST PALM BEACH FL 33401		2.4 CITY					
CITY-ST-ZIP	WEST PALM BEACH PL 33401	☐ DELETE	3.1 TITLE				Change	☐ Addition
TITLE		□ DELETE						
NAME			3.2 NAME					
STREET ADDRESS				3.3 STREET ADDRESS				
CITY-ST-ZIP				3.4. CITY-ST-ZIP			☐ Change	[ ] Addition
TITLE		☐ DELETE	4.1 TITLE			,		
NAME			4. 2 NAM					
STREET ADDRESS				ET ADORESS				
CITY-ST-ZIP	'		4,4 CITY-					[ A 4.00
TITLE	1	☐ DELETE	5.1 TITLE			•	Change	Addition

6.4 CITY-ST-ZIP CITY+ST-ZIP 14. I hereby certify that the information supplied with his 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 copyr 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 repeiver or susplemental 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 repeiver or susplemental 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 repeiver or susplemental 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 repeiver or susplemental 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 repeiver or susplemental 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 repeiver or susplemental 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 repeiver or susplemental 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 repeiver of the corporation of the corporation of the repeiver of the corporation of the repeiver of the corporation of the corporation of the repeiver of the corporation of the corporation of the corporation of the repeiver of the corporation of the corporation of the corporation of the repeiver of the corporation of the corporation of the corporation of the corporation of

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

REQUIRED AME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Change

☐ Addition