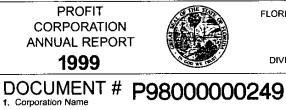
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90003 013 ***150.00

THOMAS	S P. BRONER, D.P.M., P.A.						
Principal Place	e of Business	Mailing Address			- 1 196:1061 rib ;a;b) (ait; ea;)) anii: sairi aa		PIEID IBII (ABI
333 4TH AVE N 333 4TH AVE N							
JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250					DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		
					01/01/1998		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apı	plied For
21 26					59-3495514	Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	
22 27						Fee Re	
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to	-
			Country		8. This corporation owes the current year		01000
24	25		30		Personal Property Tax.		□No
47	9. Name and Address of Currer				10. Name and Address of New Registere	d Agent	
			81	Name			
SIMPSON, KURT ANDDREW			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
3500 SOUTH 3RD ST, OCEAN SOUTH					,		
JACI	KSONVILLE BEACH FL 32250		83				
			84	City		85 Zip C	ode
		1007 (500 Ft 11 G			F		registered
office or r	egistered agent, or both, in the State	of Florida. Such change was au	thorized by	the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reç	gistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	da Statutes.	•			
SIGNATURE	Signature, typed or printed name of registered age	ot and title if applicable (NOTE: I	Registered Agen	t signature require	ed when reinstating) DATE		\
12.		ND DIRECTORS	13.	, , , , , , , , , , , , , , , , , , , ,	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	BRONER, THOMAS P		1.2 NAME				
STREET ADDRESS	ESS 1354 PINEWOOD RD		1.3 STREET	ADORESS			
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32		1.4 CITY-S1	r-ZIP			
TITLE	☐ DELETE 2.1		2.1 TITLE			Change	Addition
NAME			2.2 NAME	•			•
STREET ADDRESS			2.3 STREET				
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-S 3.1 TITLE	T-ZIP			Addition
TITLE		□ DELETE	3.1 IIILE 3.2 NAME			C onc.,go	
NAME			3.2 NAME	*UUDEEE			
STREET ADDRESS			3.4. CITY-S				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	1-216		☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4,4 CITY-ST	r-ZiP	. <u> </u>		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				i
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST	r-ZiP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STALL FADDACOO			6.3 STREET				
CITY-ST-ZIP	1		6.4 CITY-ST	r-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[chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE

Thomas P. Broner, DPM, AA