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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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DOCU	MENT # P98000	001228						
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HICHARL	D N. MARGULIES, P.A.				0.000000000000000000000000000000000000	ne Basin adili) Bandh turle iraza		
Principal Place	e of Business	Mailing Address			1 (1.81:18 E) tilb sørmt imier mölin det	få marti obtir åbildi libid krain.	likat i dit rans	
50 NORTH LAURA STREET 50 NORTH LAURA STREET								
		SUITE 3300 JACKSONWILLE EL 32202	JACKSONVILLE FL 32202		DO NOT WRITE IN THIS SPACE			_
MUNICOLLINA	The second				3. Date incorporated or Qualifed			
					01/06/1998			ļ
	lace of Business	2a. Mailing Address			4. FEI Number 4 8 54 7.	7.	plied For t Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 4		
22	n, +w	27			5. Certificate of Status Desired	Fee Re		1
City & Stat	» 	City & State			=6,-Election Campaign Financing		Мау Ве	=
23			- Carrata		Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Country 30	′	 This corporation owes the curre Personal Property Tax. 		□No ¹	1
24	9. Name and Address of Current		301		10. Name and Address of New R	egistered Agent		
			81	Name				l
MARGULIES, RICHARD N			82	Street Add	iress (P.O. Box Number is Not Accepta	bla)		Ì
50 NORTH LAURA STREET SUITE 3300			83	 				1
JACKSONVILLE FL 32202			L	<u></u>				l
	.	•	84	City		FL 85 Zip C		
				1				
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statute	s, the above	e-named con	poration submits this statement for the		ragistered	,
11. Pursuant office or n agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligation	and 607.1508, Florida Statute of Florida. Such change was au ons of, Section 607.0505, Flori	s, the above thorized by ida Statutes	e-named con the corporati	poration submits this statement for the ion's board of directors. I hereby accept		registered gistered	
11. Pursuant office or n agent. I a SIGNATURE					poration submits this statement for the ion's board of directors. I hereby accept	purpose of changing its t the appointment as rec	registered gistered	
SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State or im familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE:			poration submits this statement for the ion's board of directors. I hereby accepted when revisiting) ADDITIONS/CHANGES TO OFF	purpose of changing its the appointment as req DATE		1/08)
	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Age		and when reinstating)	purpose of changing its the appointment as req DATE		(11/08)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND D MARGUILIES, RICHARD N	and the # applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	ng signature requer	and when reinstating)	purpose of changing its the appointment as reconstruction of the appointment as recon	RS IN 12	034 (41/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND MARGULIES, RICHARD N 50 NORTH LAURA STREET SUI	and the # applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	rig aligneturis raquer	and when reinstating)	purpose of changing its the appointment as reconstruction of the appointment as recon	RS IN 12	2En24 (11
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14. Thereby 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 ap attachment with an address, with all other like empowered.

SIGNATURE:

IC DISTURCING SECURED AND TYPED ON PRINTED NAME OF SIGNAGO OFFICER ON DIRECTOR

3-15-99 (904798-2669

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90046 039 ***150.00

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