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 # **P98000001840**1. Corporation Name

STEPHEN L. SEFTENBERG, P.A.

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90086 028 ***150.00

Principal Place	e of Business	Mailing Address			1 1881188 118 18181 18181 88111 88111 88111	241511155114111	
2800 N. FLAGLER DR. STE 205 2800 N. FLAGLER DR. STE 205							
W. PALM BEACH FL 33407 W. PALM BEACH FL 33407					DO NOT INDITE IN THE	C CDACE	
					DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualifed 01/06/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 080 8 792		pplied For
21		26			65-030-172		ot Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Desired	T	Additional . equired
22 27							
City & State City & State					Election Campaign Financing Trust Fund Contribution	7	May Be to Fees
23	Country	28 Zip	Country		This corporation owes the current year in		10 1 003
Zip		29 30	_ ′		Personal Property Tax.	Yes	XNo
24	9. Name and Address of Curren		1		10. Name and Address of New Registered		
	3. Hame and Address of Curren	r registered agent	81	Name			
SEFTENBERG, STEPHEN L							
2800 N. FLAGLER DR., STE. 205			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
W. F	PALM BEACH FL 33407		83				
				ļ <u></u>			~ .
			84	City	FI	85 Zip	Code
office or r	to the provisions of Sections 607.050, registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was auth	orized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	of changing its printment as re	registered egistered
SIGNATURE							
ordin tronc	Signature, typed or printed name of registered agen			nt signature require	d when reinstating) DATE		000 151 40
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	D SEETENBERG STERVEN	□ nere⊥e	1			Ondriga	
NAME	SEFTENBERG, STEPHEN L		1 2 NAME				
STREET ADDRESS		l l	1 3 STREET ADDRESS				
CITY-ST-ZIP	W. PALM BEACH FL 33407		14 CITY-S	T-ZIP		Change	Addition
TITLE		Ü nereie	2 i TITLE			Ondings	
NAME			2.2 NAME				
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TITLE	\	D precie	32 NAVE	}		<u></u>	
NAME			B	T ADDRESS			
STREET ADDRESS			3351REE 34 CITY-9				
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STREET ADDRESS			44 CITY-S	-			
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STREET ADDRESS			53 STREE	T ADDRESS			
1			54 CITY-S	1			
CITY-ST-ZIP TITLE		☐ DELETE	6 1 TITLE			☐ Change	Addition
NAME			62 NAME			_	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	1		64 CITY-S				
	TI.			1			

14. I hereby certify that the information supplied with this filling 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 suppliemental 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

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15,1999

(561) 804-9970