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Secretary of State

04-06-1999 90017 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000002544					
1. Corporation Name NADINE B. FROUG, C.P.A., P.A.					
Principal Place of Business 7880 N UNIVERSITY DRIVE SUITE 100 TAMARAC FL 33321			Mailing Address 7880 N UNIVERSITY DRIVE SUITE 100 TAMARAC FL 33321		
2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 22 City & State 27 City & State 23 Zip Country 28 Zip Country 24 25 29 30					
3. Date Incorporated or Qualified 01/09/1998					
4. FEI Number 65-0804414					
5. Certificate of Status Desired ☐ Applied For ☐ Not Applicable \$8.75 Additional Fee Required					
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution					
8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No					
9. Name and Address of Current Registered Agent FROUG, NADINE B 7880 N UNIVERSITY DRIVE SUITE 100 TAMARAC FL 33321			10. Name and Address of New Registered Agent 81 Name NADINE Bellows 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE D ☐ DELETE NAME FROUG, NADINE B STREET ADDRESS 7880 N UNIVERSITY DRIVE SUITE 100 CITY-ST-ZIP TAMARAC FL 33321 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition 1.1 TITLE 1.2 NAME NADINE Bellows 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP SAME ADDRESS 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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: Nadine Bellows **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99 954-476-9128
 Date Daytime Phone #

CR2E034 (11/98)