

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

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90048 038 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98060028827 ✓  
1. Corporation Name LAW OFFICE OF  
SAM THANKACHEN, PA.

Principal Place of Business Mailing Address  
370 W. CAMINO GARDENS BLVD.  
Suite 329  
BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
3/26/98

2. Principal Place of Business	2a. Mailing Address
21 <u>370 West Camino</u>	26 <u>370 W. CAMINO GARDENS BLVD</u>
Suite, Apt. #, etc. <u>(GARDENS BLVD)</u>	Suite, Apt. #, etc. <u>Suite 329</u>
22 <u>Suite 329</u>	27 <u>Suite 329</u>
City & State <u>Boca Raton, FL</u>	City & State <u>Boca Raton, FL</u>
23 <u>Boca Raton, FL</u>	28 <u>Boca Raton, FL</u>
Zip <u>33432</u> Country <u>USA</u>	Zip <u>33432</u> Country <u>USA</u>
24 <u>33432</u> 25 <u>USA</u>	29 <u>33432</u> 30 <u>USA</u>

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAM THANKACHEN  
370 W. CAMINO GARDENS BLVD.  
BOCA RATON, FL 33432

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <u>FL</u> 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

(SAM THANKACHEN)

4/8/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	<u>SAM THANKACHEN</u>
STREET ADDRESS	<u>370 W. CAMINO GARDENS BLVD.</u>
CITY-ST-ZIP	<u>BOCA RATON, FL 33432</u>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<u>SAM THANKACHEN</u>
1.3 STREET ADDRESS	<u>370 W. CAMINO GARDENS BLVD.</u>
1.4 CITY-ST-ZIP	<u>BOCA RATON, FL 33432</u>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SAM THANKACHEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/99  
Date

(561) 883-1868  
Daytime Phone #

CR2E034 (11/98)