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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000033839

Principal Place of Business

SIGNATURE:

6411 TAFT STREET

HOLLYWOOD FL 33024

STE B

PRACTICE MECHANIX, INC.

2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26 5601 SW 1	95 14	RRA	Œ	65-0818138		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1	5 Additional Required	
City & State		City & State				6. Election Campaign Financing	\$5.0	00 May Be	
23		28 FT. LAUDEAD	NE, F	. 31) ,	Trust Fund Contribution		ed to Fees	
Zip	Country	_ Zip 2 2 22	Countr	у		8. This corporation owes the current			
25 29 77742 30				Personal Property Tax. Yes No					
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
ALACON ALIGICO				I Na	ame				
AMERILAWYER				82 Street Address (P.O. Box Number is Not Acceptable)					
343 ALMERIA AVENUE CORAL GABLES FL 33134									
				3					
				1 Cit	ty		FL 85 2	ip Code	
44 5 and 507 1508 Elevide Statutes the al					med corno	ration submits this statement for the pur		its registered	
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 a	m familiar with, and accept the obligation	ns of, Section 607.0505, Flo	rida Statute	S.					
SIGNATURE			. Pa - I-1 d A		-tid	when reinstating)	DATE		
	Signature, typed or printed name of registered agent a OFFICERS AND		13.	erit signa	atole ledoled	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	
12.	PSTD	DELETE	1.1 TITLE			ADDITIONS STREET	Chan		
TITLE	GOROWAY, DAVID K		1.2 NAME						
NAME	6411-TAFT-ST:-STE-B		1.3 STREE			"601 en 195 Tes	22400		
STREET ADDRESS						601 SN 195 TEP T. LAUDERDME, B	22532)	
CITY-ST-ZIP	HOLLYWOOD FL 33024	☐ DELETE	14 CITY-: 21 TITLE	SI-ZIP		1. LAUNCHONNE, TL	. ☐ Chan	ge Addition	
TITLE			2.2 NAME				<u></u>	, <u> </u>	
NAME					200			ï	
STREET ADDRESS			2.3 STREE						
CITY-ST-ZIP		☐ DELETE	2.4 CITY-	ST-ZIP	<u> </u>		☐ Chan	nge Addition	
TITLE		□ pereic	3.1 TITLE				_ onan	igo [] / www.	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE		RESS				
CITY-ST-ZIP			. 3.4. CITY-	ST-ZIP				nge	
TITLE		☐ DELETE	4.1 TITLE				☐ Chan	ige Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	ET ADDI	RESS				
CITY-ST-ZIP			4 4 CITY-	ST-ZIP				na Addition	
TITLE		☐ DELETE	5.1 TITLE				☐ Char	nge	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREI		KESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TMLE		☐ DELETE	6.1 TITLE				☐ Chan	nge Addition	
NAME			6.2 NAME						
STREET ADDRESS	\sim	$\widehat{}$	6.3 STREI		RESS				
CITY-ST-ZIP			6.4 CITY-						
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 of 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 adachment with an address, with all other like empowered.									

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90260 033 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

04/14/1998