

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 03, 1999 8:00 am
Secretary of State

09-03-1999 90006 009 ***150.00
 09-03-1999 90006 010 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000047843
 1. Corporation Name

DEANNA M. ALLY, P.A.

612434 - 90006 - 5



Principal Place of Business: 1601 FORUM PLACE, SUITE 306, WEST PALM BEACH FL 33401
 Mailing Address: 1601 FORUM PLACE, SUITE 306, WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 611 SE 13th STREET
 Suite, Apt. #, etc. 22 APT 101
 City & State 23 DANIA FC
 Zip 24 33004 Country 25 USA

2a. Mailing Address
 26 611 SE 13th STREET
 Suite, Apt. #, etc. 27 APT 101
 City & State 28 DANIA FC
 Zip 29 33004 Country 30 USA

3. Date Incorporated or Qualified: 05/18/1998
 4. FEI Number: 65-0836369 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent
 ALLY, DEANNA M
 1601 FORUM PLACE
 SUITE 306
 WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable): 611 SE 13th STREET
 83 APT 101
 84 City: DANIA FL 85 Zip Code: 33004

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: [Signature] DATE: 7/27/99
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PRESIDENT	<input type="checkbox"/>
NAME	DEANNA M. ALLY	
STREET ADDRESS	611 SE 13th STREET, APT 101	
CITY-ST-ZIP	DANIA, FL 33004	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PRES	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	DEANNA M. ALLY		
1.3 STREET ADDRESS	611 SE 13th STREET, APT 101		
1.4 CITY-ST-ZIP	DANIA, FL 33004		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

SIGNATURE: [Signature] DATE: 7/27/99

CR2E034 (5/99)