

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

0355009

|   |   |   |
|---|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999 |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P98000049678

1. Corporation Name  
DORIS SHAW, P.A.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/03/1998
4. FEI Number  
65-0840471
5. Certificate of Status Desired ☐ Applied For ☐ Not Applicable
6. Election Campaign Financing ☐ \$8.75 Additional Fee Required
7. Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax ☒ Yes ☐ No
10. Name and Address of New Registered Agent

Principal Place of Business  
249 ROYAL PALM WAY SUITE 503  
PALM BEACH FL 33480

Mailing Address  
249 ROYAL PALM WAY SUITE 503  
PALM BEACH FL 33480

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 270 South County Rd<br>Suite, Apt #, etc.<br>22<br>City & State<br>23<br>Zip Country<br>24 | 2a. Mailing Address<br>26 270 South County Rd<br>Suite, Apt #, etc.<br>27<br>City & State<br>28<br>Zip Country<br>29 |
|---|--|

9. Name and Address of Current Registered Agent

RAMPELL, PAUL  
125 WORTH AVENUE SUITE 202  
PALM BEACH FL 33480

81 Name  
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

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

(NOTE: Registered Agent signature required when no change)

DATE

| 12. OFFICERS AND DIRECTORS |                              |
|----------------------------|------------------------------|
| TITLE                      | D SHAW, DORIS                |
| NAME                       |                              |
| STREET ADDRESS             | 249 ROYAL PALM WAY SUITE 503 |
| CITY-ST-ZIP                | PALM BEACH FL 33480          |
| TITLE                      |                              |
| NAME                       |                              |
| STREET ADDRESS             |                              |
| CITY-ST-ZIP                |                              |
| TITLE                      |                              |
| NAME                       |                              |
| STREET ADDRESS             |                              |
| CITY-ST-ZIP                |                              |
| TITLE                      |                              |
| NAME                       |                              |
| STREET ADDRESS             |                              |
| CITY-ST-ZIP                |                              |
| TITLE                      |                              |
| NAME                       |                              |
| STREET ADDRESS             |                              |
| CITY-ST-ZIP                |                              |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 11 TITLE  |  |
| 12 NAME   |  |
| 13 STREET ADDRESS                                     |  |
| 14 CITY-ST-ZIP  |  |
| 21 TITLE  |  |
| 22 NAME   |  |
| 23 STREET ADDRESS                                     |  |
| 24 CITY-ST-ZIP  |  |
| 31 TITLE  |  |
| 32 NAME   |  |
| 33 STREET ADDRESS                                     |  |
| 34 CITY-ST-ZIP  |  |
| 41 TITLE  |  |
| 42 NAME   |  |
| 43 STREET ADDRESS                                     |  |
| 44 CITY-ST-ZIP  |  |
| 51 TITLE  |  |
| 52 NAME   |  |
| 53 STREET ADDRESS                                     |  |
| 54 CITY-ST-ZIP  |  |
| 61 TITLE  |  |
| 62 NAME   |  |
| 63 STREET ADDRESS                                     |  |
| 64 CITY-ST-ZIP  |  |

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-06/17/99--01007--014  
\*\*\*\$165.00\*\*\*

160  
5/1

SIGNATURE:

Doris Shaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 (561) 822-9955

DATE

PHONE NUMBER

CR2E034 (11/98)