

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90127 003 ***158.75

DOCUMENT # **P98000050002**

1. Corporation Name

MARK L. JACOBSON, P.A.



Principal Place of Business

**411 SOUTH COUNTY ROAD SUITE 200
PALM BEACH FL 33480**

Mailing Address

**411 SOUTH COUNTY ROAD SUITE 200
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1998

4. FEI Number

65 - 0856135

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

**\$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 Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1515 N. Federal Hwy

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Boca Raton, FL

Zip

24 33432

25 USA

2a. Mailing Address

26 1515 N. Federal Hwy

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Boca Raton, FL

Zip

29 33432

30 USA

9. Name and Address of Current Registered Agent

JACOBSON, MARK L

**411 SOUTH COUNTY ROAD SUITE 200
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name

MARK L. JACOBSON

82 Street Address (P.O. Box Number is Not Acceptable)

1515 N. Federal Hwy

83

Suite 300

84 City

Boca Raton

FL

85 Zip Code

33432

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 **Mark L. Jacobson, Pres/Director**

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

(NOTE: Registered Agent signature required when reinstating)

4-28-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **JACOBSON, MARK L**
STREET ADDRESS **411 SOUTH COUNTY ROAD SUITE 200**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/V/T/S/D ☒ Change ☐ Addition

1.2 NAME

Mark L. Jacobson

1.3 STREET ADDRESS

1515 N. Federal Hwy, Suite 300

1.4 CITY-ST-ZIP

Boca Raton, FL 33432 ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: **Mark L. Jacobson, Pres/Director**

Date

4/28/99

Daytime Phone #

561 394-8886

CR2E034 (11/98)