PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000063795 1. Corporation Name

KENNETH DRAKE OZMENT, P.A.

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90060 018 \*\*\*150.00



Principal Place	e of Business	Mailing Address						
409 S.E. 16TH COURT		409 S.E. 16TH COURT			·			
FT. LAUDERDAI	LE FL 33316	FT. LAUDERDALE FL 33316			DO NOT WR	ITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed			
					07/21/1998			
2 Driefoinal Di	lace of Business	2a. Mailing Address			4. FEI Number	_	Ap	plied For
2. Principal Place of Business		26 Same					t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 /	Additional	
22		27		5. Certificate of Status Desired		Fee Re		
City & State		City & State	<del></del>		6. Election Campaign Financing		\$5.00	May Be
23 7	days. H	28			Trust Fund Contribution		Added t	· ·
Zip	Country	Zip	Country		8. This corporation owes the cur	rent year Int	angible	
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1.1. 25 VSA	29 30	7		Personal Property Tax.		☐Yes	No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered	Agent	
			81	Name	Eam l	•		
	IENT, K D		82	Street Addr	ess (P.O. Box Number is Not Accept	able)		
409	S.E. 16TH COURT		62	Street Addi	ess (F.O. Box Mulliber is Not Accept	apic)		
FT. l	Lauderdale fl. 33316		83			,		
			_			_	85 Zip (	Codo
			84	City		FL	.	ł
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508, Florida Statutes,	the above	e-named corp	oration submits this statement for the	purpose of	changing its	registered
office or r	registered agent, or both, in the State o	f Florida, Such change was authors of Section 607 0505, Florida	orized by	the corporation	on's board of directors, I hereby acce	pt the appor	intment as re	gistereo
agent. i a	m ramilar with, and accept the obligation	President		1/20	a Agout	ンフィ	-99	{
SIGNATURE	Signature, typed or printed name (Anstered agent		stered Ager	nt signature require	d when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name ( Parstered agent OFFICERS AND	and title if applicable. (NOTE: Re-	stered Ager	nt signature require	d when reinstating) ADDITIONS/CHANGES TO O	DATE FICERS AN		
		and title if applicable. (NOTE: Re-		nt signature require		DATE FICERS AN	ND DIRECTO	PRS IN 12 .
12.	OFFICERS AND	and title if applicable. (NOTE: Re	13.	nt signatule require		DATE FICERS AN		
<b>12.</b> TITLE	OFFICERS AND	and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME	nt signature require		DATE		
12. TITLE NAME STREET ADDRESS	OFFICERS AND D OZMENT, K D 409 S.E. 16TH COURT	and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME	TADDRESS		DATE	☐ Change	☐ Addition
12. TITLE NAME	OFFICERS AND OZMENT, K D	and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE	TADDRESS		DATE		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D OZMENT, K D 409 S.E. 16TH COURT	and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	TADDRESS		DATE	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D OZMENT, K D 409 S.E. 16TH COURT	and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	TADDRESS		DATE	☐ Change	☐ Addition
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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 changes 3 on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: