PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000067077

Corporation Name

ROSS J. MCKELVEY, JR., P.A.

Principal Place of Business	
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Mailing Address

2401 EAST ATLANTIC BLVD SUITE 210 POMPANO BEACH FL 33062

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FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90038 024 ***150.00



DO NOT WRITE IN THIS SPACE

				3. Date Incorporated or Qualifed	
					07/31/1998
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0853302 Not Applicable
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing S5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Intangible
24	25	29 3	o		Personal Property Tax.
1	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
MCKELVEY, ROSS J JR				1 Name	·
				2 Street	Address (P.O. Box Number is Not Acceptable)
2401	EAST ATLANTIC BLVD SUITE 2	10	"	Succi	Address (F.O. Dox Hamber to Not Noodplooto)
POM	POMPANO BEACH FL 33062				
			<u>-</u>	4 0"	SE 7in Codo
			8	4 City	FL 85 Zip Code
11 Purcuant 6	to the provisions of Sections 607 050	2 and 607.1508. Florida Statutes	the abo	ve-named	Learnoration submits this statement for the purpose of changing its registered
office or re	edistered agent or both in the State	of Florida. Such change was aut	nonzea b	v tne como	oration's board of directors. I hereby accept the appointment as registered
agent. I ar	m familiar with, and accept the obliga	tions of, Section 607.0505, Floric	ia Statute	s.	
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable (NOTE: G	tegistered An	ent signature	required when reinstating) DATE
12.		D DIRECTORS	13.	organizatio	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPST	☐ DELETE	1.1 TITLE		Change Addition
NAME	MCKELVEY, ROSS J JR	- -	1.2 NAME		
	2401 EAST ATLANTIC BLVD SI	LITE 210		Et address	
STREET ADDRESS	POMPANO BEACH FL 33062	SHC 210	1.4 CITY-		
CITY-ST-ZIP TITLE	FOMPANO BEACHTE SOOR	DELETE	2.1 TITLE		Change Addition
			2.2 NAME		
NAME.				Et address	
STREET ADDRESS	-				· -
CITY-ST-ZIP		DELETE	2. 4 CITY 3.1 TITLE		☐ Change ☐ Addition
TITLE		C) beceive			
NAME			3.2 NAME		
STREET ADDRESS				ET ADDRESS	
CFTY-ST-ZIP		□ perete	3.4. CITY		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME			4. 2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			4.4 CITY-		☐ Change ☐ Additio
TITLE		☐ DELETE	5.1 TITLE		Change Additio
NAME			5.2 NAME		
STREET ADDRESS				ETADDRESS	
CITY-ST-ZIP			5.4 CITY-		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	=	
STREET ADDRESS			6.3 STRE	ET ADDRESS	3
CITY_ST_ZIP			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

NATURE AND TYPED ON PRINTED NAME OF SIGNING DEFICER OR DIRE

Ross J. McKelvey,

3-15-99

(454) 185-65 Daytime Phone # R2F034 (11/98)