

02221999-90029-006-\$150.00-\$150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

02-22-1999 90029 006 ***150.00

DOCUMENT # P98000068400

1. Corporation Name

SHARON L. KEGERREIS, P.A.



Principal Place of Business

Mailing Address

S. BISCAYNE BLVD., STE. 2500
FL 33131201 S. BISCAYNE BLVD., STE. 2500
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1998

4. FEI Number

65-0865776

Applied For

Not Applicable

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEGERREIS, SHARON L
201 S. BISCAYNE BLVD., STE. 2500
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

5 January 1999
DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. ADDRESS ST-ZIP	0 KEGERREIS, SHARON L 201 S. BISCAYNE BLVD., STE. 2500 MIAMI FL 33131	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	1.2 NAME	
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.2 NAME	
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.2 NAME	
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.2 NAME	
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
1. ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Signature and typed or printed name of signing officer or director
Sharon L. Kegerreis

3/18/99
Date305-379-5560
Daytime Phone

CR2E034 (1/98)