

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90008 036 ***150.00

DOCUMENT # P98000070670

1. Corporation Name

NANCY BEAUCAGE, P.A.



Principal Place of Business

~~1729 JEFFERSON STREET~~ 3200 NW 46th St.
~~HOLLYWOOD FL 33020~~ # 203
Fort Lauderdale
FL 33309

Mailing Address

~~1729 JEFFERSON STREET~~ 3200 NW 46th St.
~~HOLLYWOOD FL 33020~~ # 203
Fort Lauderdale
FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3200 NW 46th St.

2a. Mailing Address

26 3200 NW 46th St.

Suite, Apt. #, etc.

22 # 203

Suite, Apt. #, etc.

27 # 203

City & State

23 Fort Lauderdale, FL

City & State

28 Fort Lauderdale, FL

Zip

24 33309

Country

25 USA

Zip

29 33309

Country

30 USA

3. Date Incorporated or Qualified

08/13/1998

4. FEI Number

65-0856938

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

BEAUCAGE, NANCY
1729 JEFFERSON STREET
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name Nancy Beaucage

82 Street Address (P.O. Box Number is Not Acceptable)
3200 NW 46th St. # 203

83

84 City Fort Lauderdale FL 85 Zip Code 33309

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

Nancy Beaucage

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-99

12.

OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME BEAUCAGE, NANCY
STREET ADDRESS 1729 JEFFERSON STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Beaucage, Nancy

1.3 STREET ADDRESS 3200 NW 46th St. # 203

1.4 CITY-ST-ZIP Fort Lauderdale, FL 33309

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: Nancy A. Beaucage

1-7-99

954 7336777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0130993