

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
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DOCUMENT # P98000072048

1. Corporation Name

EMERSON ALLSWORTH, P.A.

Principal Place of Business
 1177 S.E. THIRD AVENUE
 FORT LAUDERDALE FL 33316

Mailing Address
 1177 S.E. THIRD AVENUE
 FORT LAUDERDALE FL 33316

FILED

99 MAR -4 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/17/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2103496	
24 Country		29 Country		5. Certificate of Status Desired	
				☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				☐ \$5.00 May Be Added to Fees	
				7. This corporation owes the current year Intangible Personal Property Tax.	
				☐ Yes ☐ No	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALLSWORTH, EMERSON ESQUIRE				81 Name			
1177 S.E. THIRD AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)			
FORT LAUDERDALE FL 33316				83			
				84 City			
				FL 85 Zip Code			

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

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

(NOTE: Registered Agent signature required when maintaining)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
☐ DELETE				☐ Change ☐ Addition			
TITLE	D	ALLSWORTH, EMERSON		11 TITLE			
NAME		1177 S.E. THIRD AVENUE		12 NAME			
STREET ADDRESS		FORT LAUDERDALE FL 33316		13 STREET ADDRESS			
CITY-ST-ZIP				14 CITY-ST-ZIP			
TITLE		☐ DELETE		21 TITLE	☐ Change ☐ Addition		
NAME				22 NAME			
STREET ADDRESS				23 STREET ADDRESS			
CITY-ST-ZIP				24 CITY-ST-ZIP			
TITLE		☐ DELETE		31 TITLE	☐ Change ☐ Addition		
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		☐ DELETE		41 TITLE	☐ Change ☐ Addition		
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		☐ DELETE		51 TITLE	☐ Change ☐ Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		☐ DELETE		61 TITLE	☐ Change ☐ Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

954/762-3400

CR2034 (11/98)