## 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

## DOCUMENT # P98000073332

1. Corporation Name

116 ELSA RD JUPITER FL 33477  116 ELSA RD JUPITER FL 33477  116 ELSA RD JUPITER FL 33477  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 08/20/1998  4. FEI Number 26  Suite, Apt. #, etc.  Suite, Apt. #, etc.  27  Suite, Apt. #, etc.  28  City & State  City & State  28  City & State  29  20  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. This corporation owes the current year Intangible Personal Property Tax.   Yes   No  9. Name and Address of Current Registered Agent  KALTER, MICHAEL Z MD MS 116 ELSA RD JUPITER FL 33477
DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  08/20/1998  2. Principal Place of Business 22. Mailing Address 24. FEI Number 25. Certificate of Status Desired 27. Suite, Apt. #, etc. 28. City & State 29. City & State 21. City & State 29. Country 29. Name and Address of Current Registered Agent  KALTER, MICHAEL Z MD MS 116 ELSA RD  20. Name and Address of New Registered Agent  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  08/20/1998  4. FEI Number  5. Certificate of Status Desired  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution Address of New Registered Agent  10. Name and Address of New Registered Agent
2. Principal Place of Business 2. Applied For 26 2. Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State 2. Suite, Apt. #, etc.  Suite, Apt. #, etc.  2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Description owes the current year Intangible Personal Property Tax.  Suite, Apt. #, etc.  Suite, Applied For  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suit
2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Zip  Country  Zip  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi
21
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Since Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Since Additional Fee Required  Fee Required  Status Desired  Fee Required  Fee Required  Fee Required  Fee Required  Fee Required  Trust Fund Contribution  Added to Fees  8. This corporation owes the current year Intangible  Personal Property Tax.  Status Property Tax
Solution   Status Desired   Fee Required
City & State   City & State   City & State   City & State   State   City & State   City & State   City & State   Sta
City & State  28  Zip Country Zip Country Zip Country Zip On Registered Agent  SALTER, MICHAEL Z MD MS 116 ELSA RD  City & State  Country  Zip Country  Zip Country  Zip Country  Zip Country  Sal This corporation owes the current year Intangible Personal Property Tax. Yes No  Name and Address of New Registered Agent  Sal Name  Sal Street Address (P.O. Box Number is Not Acceptable)
Zip   Country   Zip   Country   Stip
Zip Country Zip Country 30 S. This corporation owes the current year Intangible Personal Property Tax. Yes No  9. Name and Address of Current Registered Agent  KALTER, MICHAEL Z MD MS 116 ELSA RD  8. This corporation owes the current year Intangible Personal Property Tax. Yes No  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)
9. Name and Address of Current Registered Agent  KALTER, MICHAEL Z MD MS 116 ELSA RD  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)
KALTER, MICHAEL Z MD MS 116 ELSA RD  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)
KALTER, MICHAEL Z MD MS 116 ELSA RD  82 Street Address (P.O. Box Number is Not Acceptable)
116 ELSA RD Street Address (P.O. Box Number is Not Acceptable)
JUFITEN FL 30411
100
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 title if applicable. (NOTE: Registered Agent signature required when reinstatung)  DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DELETE 1.1 TITLE Change Addition
NAME KALTER, MICHAEL Z MD MS 12 NAME
STREET ADDRESS 116 ELSA RD 1.3 STREET ADDRESS
CITY-ST-ZIP JUPITER FL 33477 1.4 CITY-ST-ZIP
TITLE
NAME 22 NAME
STREET ADDRESS 2.3 STREET ADDRESS
CITY-ST-ZIP 2.4 CITY-ST-ZIP
TILE   DELETE   3.1 TILE   Change   Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS

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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 C/TY-ST-Z/P

4.1 TITLE

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

☐ D£LETE

Change

☐ Change

☐ Change

☐ Addition

Addition

Addition

May 07, 1999 8:00 am Secretary of State

05-07-1999 90077 005 \*\*\*150.00