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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000075203 1. Corporation Name

KERNER & WAGSHOL, P.A.

Drivering Diago of Business

Mailing Address

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90208 041 ***150.00



Suite, Apt. #, etc. Type	Principal Prace of	Dusiness	Walling Address				
2. Principa Place of Business 2. A. Mailing Address 3. 4. FET N. Industrial Control of Status 2. 1. Applied for Status 2. Applied for Status 2. 1.							DO NOT WRITE IN THIS SPACE
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City & Sate Country Co		itc.		C.			\$8.75 A Iditional
City & State			27				5. Certificate of Status Desired Fee Required Fee Required
Zip County Zip Z							6. Election Campaign Financing _ \$5.00 May Be
Zip Country Zip Country Zip Country State Stat	 _ ·		28				
28	Zip	Country		Cour	itry		8. This corporation owes the current year intangible
8. Name and Address of Current Registered Agent WAGSHOL RON 6415 LAKE WORTH ROAD, STE. 302 LAKE WORTH FL 33463 84 City FL 85 ZIP C 2de 11. Pursuant to the provisions of Sictions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submite this statement, for the purpose of changing its registered agent, or both, in the State of Florida. Such change was inuthorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent and arminilar with, not accept the obligations of, Section 607.0505, Find Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS, NND DIRECTORS IN 1. TITLE OFFICERS AND DIRECTORS IN 1. STREET ADDRESS OTY-ST-ZP 12. OFFICERS AND DIRECTORS IN 1. STREET ADDRESS OTY-ST-ZP OFFICERS AND DIRECTORS IN 1. STREET ADDRESS OTY-ST-ZP OFFICERS AND DIRECTORS IN 1. STREET ADDRESS STREET ADDRESS OTY-ST-ZP OFFICERS AND DIRECTORS IN 1. TITLE OFFICERS AND DIRECTORS IN 1. STREET ADDRESS OTY-ST-ZP OFFICERS AND DIRECTORS IN 1. STREET ADDRESS STREET ADDRESS OTY-ST-ZP OFFICERS AND DIRECTORS IN 1. STREET ADDRESS STREET ADDRESS OTY-ST-ZP OFFICERS AND DIRECTORS IN 1. STREET ADDRESS STREET ADDRESS OTY-ST-ZP OFFICERS AND DIRECTORS IN 1. STREET ADDRESS STREET ADDRESS OTY-ST-ZP OFFICERS AND DIRECTORS IN 1. STREET ADDRESS STREET ADDRESS OTY-ST-ZP OFFICERS AND DIRECTORS ACTY-ST-ZP OFFICERS AND DIREC	—	25	29	30			Personal Property Tax. Yes 14No
WAGSHOL, RON 6415 LAKE WORTH ROAD, STE. 302 LAKE WORTH FL 33463 87 882 Street Acdress (P.O. Box Number is Not Acceptable) 883 884 City FL 85 Zip Code T1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statures, the above-named corporation submits this statement for the purpose of changing its capitative office or registered agent, or both, in the State of Florida, Such change was intherized by the comportion's board of creators. I hereby accept the appointment as registered agent, an familiar with, and accept the obligations of Sections 607.0002, Florida Statures, the above-named corporation submits this statement for the purpose of changing its capitative office or registered agent, and familiar with, and accept the obligations and sea submitted by the comportion's board of creators. I hereby accept the appointment as registered agent, and familiar with, and accept the obligation and sea submitted by the comportion's board of creators. I hereby accept the appointment as registered agent and familiar with, and accept the obligation and sea submitted by the comportion's board of creators. I hereby accept the appointment as registered office of the comportion's board of creators. I hereby accept the appointment as registered and when metalistics. B3							10. Name and Address of New Registered Agent
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agent. am familiar with, and a copt the obligations of, Section 607.0505, Firefroda Statutes. SIGNATURE Signature, typed or printed rail we of insplittered agent and title of applicable. (MOTE Registered Agent signature resp. and when remotation) 12. OFFICERS ANC DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTITUE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE DELETE DELETE AUGUST AGENT A	office or regic	stared agent or host in the	State of Florida, Such change	was authorized	DV U	named he corp	oration's board of cirectors. I hereby accept the appointment as registered
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CITY-ST-ZIP	NAME					!	LAURIE KERNER
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NAME	CITY-ST-ZIP			1,4 CIT	Y-ST-	-ZIP	Mr. 40MM A 33463
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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 attachingnt with an address, with all other like empowered.

SIGNATURE: