

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90014 039 \*\*\*550.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # P98000080581**

1. Corporation Name

**PHILIP M. CHOPIN, P.A.**

Principal Place of Business

1555 PALM BCH LAKES BLVD., SUITE 810  
W. PALM BCH FL 33401

Mailing Address

1555 PALM BCH LAKES BLVD., SUITE 810  
W. PALM BCH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/14/1998**

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 **222 LAKEVIEW AVENUE**

Suite, Apt. #, etc.

22 **1150**

City & State

23 **WEST PALM BCH, FL**

Zip

24 **33401**

Country

25 **PALM BCH**

2a. Mailing Address

26 **222 LAKEVIEW AVENUE**

Suite, Apt. #, etc.

27 **1150**

City & State

28 **WEST PALM BCH, FL**

Zip

29 **33401**

Country

30 **PALM BEACH**

9. Name and Address of Current Registered Agent

**CHOPIN, PHILIP M ESQ.**  
**1555 PALM BCH LAKES BLVD., SUITE 810**  
**W. PALM BCH FL 33401**

10. Name and Address of New Registered Agent

81 Name

**PHILIP M. CHOPIN, ESQ**

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

**222 LAKEVIEW AVENUE**

**SUITE 1150**

84 City

**WEST PALM BCH**

FL

85 Zip Code

**33401**

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 reinstating)

DATE

**7/26/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D CHOPIN, PHILIP M**  
STREET ADDRESS **1555 PALM BCH LAKES BLVD., SUITE 810**  
CITY-ST-ZIP **W. PALM BCH FL 33401**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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 **D CHOPIN, PHILIP M**  
1.3 STREET ADDRESS **222 LAKEVIEW AVENUE #1150**  
1.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

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.

SIGNATURE:

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

**7/26/99 561 651 7800**

CR2E034 (5/99)

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