


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
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90001 003 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000082720

1. Corporation Name

JACQUELINE M. WOODWARD, P.A.

Principal Place of Business

4601 PONCE DE LEON BLVD. STE 110
CORAL GABLES FL 33146

Mailing Address

4601 PONCE DE LEON BLVD. STE 110
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1998

4. FEI Number

65-0864183

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 3191 Coral Way

2a. Mailing Address

26 3191 Coral Way

Suite, Apt. #, etc.

22 100

Suite, Apt. #, etc.

27 100

City & State

23 Miami FL

City & State

28 Miami FL

Zip

24 33145

Country

25 USA

Zip

29 33145

Country

30 USA

9. Name and Address of Current Registered Agent

WOODWARD, JACQUELINE M
4601 PONCE DE LEON BLVD, STE 110
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

Jacqueline M. Woodward

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

3191 Coral Way

83

84 City

Miami

FL

85

Zip Code

33145

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

12. OFFICERS AND DIRECTORS

TITLE D
NAME WOODWARD, JACQUELINE M
STREET ADDRESS 4601 PONCE DE LEON BLVD, STE 110
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Woodward, Jacqueline M.
1.3 STREET ADDRESS 3191 Coral Way, Suite 100
1.4 CITY-ST-ZIP Miami FL 33145

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

586725-90001-3
P88000082720

UNGER & KOWITT
ATTORNEYS AT LAW

1801 N. PINE ISLAND RD., SUITE 101
PLANTATION, FLORIDA 33322

3191 CORAL WAY, SUITE 100
MIAMI, FLORIDA 33145

KEVIN M. UNGER*
BARRY D. KOWITT
MELANIE E. HOROWITZ
JACQUELINE M. WOODWARD
HAROLD H. KASSIN
DAWN MORRISON

BROWARD (954) 370-9999
BROWARD FAX (954) 473-6030
DADE (305) 661-7272
DADE FAX (305) 661-9494

*ALSO ADMITTED
NEW JERSEY
NEW YORK
PENNSYLVANIA

PLEASE REPLY TO:
MIAMI OFFICE

July 6, 1999

Florida Department of State
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: Late filing

To whom it may concern:

I did not receive the original notice of profit corporation annual report before May 1st. Being a new corporation, I was unaware of the necessity of filing this report. I apologize sincerely for this failure on my part to file timely. The failure was unintentional and unavoidable, as I did not receive the paperwork prior to May 1st. I explained the situation to the telephone service manager who instructed me to file the paperwork, pay \$150.00 and include a letter of explanation.

My office moved into temporary offices and then moved to this new address. Consequently, mail often was routed and re-routed. I have corrected the address on the report and my firm signed a five-year lease so I will not have this problem again and will not let another filing date pass. Please excuse the late fee in this case.

Sincerely,

Jacqueline M. Woodward