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 # P98000082867

1. Corporation Name

JEANNE ODOM CONWAY, P.A.

May 03, 1999 8:00 am Secretary of State

05-03-1999 90091 036 ***150.00



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Principal Place	e of Business	Mail	ling Address						
580 VILLAGE BLVDSTE.160 580 VILLAGE BLVDSTE.160							·		
WEST PALM BEACH FL 33409 WEST PALM BEACH			ST PALM BEACH FL 33	33409			DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							09/16/1998		
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number	Apr	plied For
21		26					65-0864393	.Not	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				a. C. Attains of Status Basicad	\$8.75 A	dditional
22		27				•	5. Certificate of Status Desired	Fee Re	quired
City & State	9	1 7	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution	Added to	o Fees
Zip	Country	1	Zip	С	ountry		8. This corporation owes the current year Intang	ible	
24	25	29		30		-	Personal Property Tax.	Yes >	X€DNo
	9. Name and Address of Current		ered Agent				10. Name and Address of New Registered Age	∍nt	
					81	Name			
	iway, Jeanne o ESQ.				80	61-14-1	(D.O. Carrellander in Not Assessable)		
580 VILLAGE BLVD.,STE.160					82	Street Addre	ess (P.O. Box Number is Not Acceptable)	•	}
WES	T PALM BEACH FL 33409				83				
					84	City	FL	35 Zip C	ode
11 Pursuant	to the provisions of Sections 607.0502	and 60	7.1508. Florida Statut	es. the	above	-named corps	oration submits this statement for the purpose of cha	nging its	registered
office or re	edistered agent or both in the State of	f Florida	a. Such change was a	uthолz	van na	the corporatio	in's board of directors. I hereby accept the appointm	ent as reç	jistered
agent. i ai	m familiar with, and accept the obligation	ons or, s	, section 607.0505, Fig.	ilua Si	latutes.	•			[
SIGNATURE	Signature, typed or printed name of registered agent	and title if	applicable /NOTE	· Penists	red Agen	nt signature required	d when reinstating) DATE		}
12.	OFFICERS AND			<u> </u>	3.	· agricioro roquiros	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTO	RS IN 12
TITLE .	PD .		☐ DELETE	_	1 TITLE] Change	☐ Addition
NAME	CONWAY, JEANNE O			13	2 NAME				
	580 VILLAGE BLVD.,STE.160					ADDRESS			
STREET ADDRESS	WEST PALM BEACH FL 33409								
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NAME	HARMON, KIM T				2 NAME				ì
STREET ADDRESS	580 VILLAGE BLVD.,STE.160						•		ł
CITY-ST-ZIP						ADDRESS	•		
	WEST PALM BEACH FL 33409			2.	4 CITY-S			Chapas	Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

561-640-6000