**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000102775

Country

9. Name and Address of Current Registered Agent

25

STE. 1901, 801 BRICKELL AVE.

1. Corporation Name

DAVID L. ROSS, P.A.

Principal	Place	of	Business

2. Principal Place of Business

KLEIN, BRENT D

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

STE. 1901. 801 BRICKELL AVE. MIAMI FL 33131

STE. 1901, 801 BRICKELL AVE. MIAMI FL 33131

Country

81

30

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90190 011 \*\*\*158.75

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

MNo

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

12/08/1998

4. FEI Number

MIAMI FL 33131			33								
		Щ			11						
`		84	City	FL	85	Zip Co	ode				
11. Pursuant	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t	named	corporation submits this statement for the purpose of o	hangi	ng its r	egistered					
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	13.		ADDITIONS/CHANGES TO OFFICERS AND							
TITLE	D DELETE	1.1 TITLE	]		Ct	ange	☐ Addition				
NAME	ROSS, DAVID L	1.2 NAME	ļ				1				
	STE. 1901, 801 BRICKELL AVE.	1.3 STREET	ADDRESS				ĺ				
	MIAMI FL 33131	1.4 CITY-S1	·ZIP								
TITLE	☐ DELETE	2.1 TITLE			☐ Ch	ange	☐ Addition				
NAME		2.2 NAME					1				
STREET ADDRESS	and the same of th	2.3 STREET	ADDRESS								
CITY-ST-ZIP		2.4 CITY-S	ZIP								
TITLE	☐ DELETE	3.1 TITLE			☐ Cr	ange	☐ Addition				
NAME		3.2 NAME		·			İ				
STREET ADDRESS		3.3 STREET	ADDRESS				ļ				
CITY-ST-ZIP		3.4. CITY-S	r-ZIP								
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CITY-ST-ZIP		4.4 CITY-S	- ZIP								
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NAME		5.2 NAME	l								
STREET ADDRESS		5.3 STREET	ADDRESS				Ì				
CITY-ST-ZIP		5.4 CITY-ST	-ZIP								
TITLE	☐ DELETE	6.1 TITLE	ĺ		Cr	ange	☐ Addition				
NAME	₹1 !	62 NAME					ľ				
STREET ADDRESS		6.3 STREET A									
CITY-ST-ZIP		6.4 CITY-S									
14 Lherehy	certify that the information supplied with this filling does not qualify for the	exempti	on stated	l in Section 119.07(3)(i), Florida Statutes. I further certi	ty tha	t the in	tormation				

indicated on this annual report or supplied with this find does not quality for the axelliption stated in Section 19.07(5)(f), included the same legal effect as if made under cath; 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.