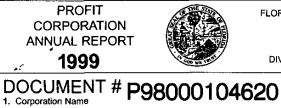
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

JOSEPH L. ACKERMAN, JR., P.A.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90201 040 ***150.00

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Principal Place of Business Mailing Address					# 100%;100%; 110 (010); 10%;11 00%;11 00%;11 00%;11 01%;0 1	1813 6011 1001		
515 NORTH FLAGLER DRIVE 515 NORTH FLAGLER DRIVE								
SUITE 1900	AOU EL 00404	SUITE 1900				DO NOT WRITE IN THIS SPACE		
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 3340						3. Date Incorporated or Qualifed		
						12/17/1998	i	
2. Principal Place of Business 2a. Mailing Address							plied For	
21		26	1			65-0882453 No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75	Additional	
22 27						5. Certificate of Status Desired Fee Re	equired	
City & Stat	e	City & State	City & State			6. Election Campaign Financing \$5.00	May Be	
23		28				Trust Fund Contribution Added	to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intangible		
24	25		30	30		Personal Property Tax Yes	□Mo	
	9. Name and Address of Cu	rrent Registered Agent		81	Name	10. Name and Address of New Registered Agent		
ACKE	DMAN INSERHI IR			• •	Name			
ACKERMAN, JOSEPH L JR. 515 NORTH FLAGLER DRIVE				82	Street A	Address (P.O. Box Number is Not Acceptable)		
SUITE 1900				83				
	F PALM BEACH FL 33401							
}	7 7 7 20 10 11 1 2 00 10 1			84	City	FL 85 Zip	Code	
44 Burguent	to the arrayinians of Sections 607	0502 and 607 1508 Florida S	Statutos the a	hove	-named c	corporation submits this statement for the purpose of changing its	registered	
office or r	edistored agent or both in the St	rate of Florida. Such change w	vas authorized	i hv t	he como	ration's board of directors. I hereby accept the appointment as re	gistered	
agent. I a	m familiar with, and accept the ob	bligations of, Section 607.0505	o, Fiorida Stat	utes.			j	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered	Agent	signature re	equired when reinstating) DATE		
12.	<u> </u>	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12	
TITLE	D	☐ DELETE 1.1		1.1 TITLE		President Change	Addition	
NAME	ACKERMAN, JOSEPH L JR.		1.2 NAME			Tuesphe. Adamm, Jr		
STREET ADDRESS 515 NORTH FLAGLER DRIVE SUITE 1900			1.3 \$	1.3 STREET ADDRESS 57		10 seph L. Adarman, Jr. 15 N. Fergler Drice Smite 1900		
CITY-ST-ZIP	NEWS BUILDERS OF ALAS			1.4 CITY-ST-ZIP		West PAIN BURGH, FUR. 33401		
TITLE		☐ DELET	TE 2.1 TI	TLE		VICE-President Change	Addition	
NAME			2.2 N	ME	1	maureen H Ackerman		
STREET ADDRESS	2		2.3 \$	REET	ADDRESS	12 Glengary Romo		
CITY-ST-ZIP				ITY-S1	T-21P	Portin Beach gargers, Fix 33418		
TITLE	DELÉTE 3.1		TE 3.1 TI	TLE		☐ Change	☐ Addition	
NAME	3.7		3.2 N	AME.				
STREET ADDRESS	RESS 3.3		3.3 \$1	REET	ADDRESS			
CITY-ST-ZIP				ITY-SI	r-ZIP			
TITLE		— · = ·		4.1 TITLE		☐ Change	☐ Addition	
NAME			4. 2 N	AME	- [
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				TY-ST	- ZIP	Channe	☐ Addition	
TITLE		☐ DELET	TE 5.1 TI 5.2 N			☐ Change	Addition	
NAME					ADDDCCC			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP 6.1 TITLE		Change	Addition	
TITLE		₩ DELEI	6.2 N			_ Grange		
NAME					ADORESS			
STREET ADDRESS				6.3 STREET ADORESS 6.4 CITY-ST-ZIP			ļ	
CITY-\$T-ZIP	i		0.4 U	11-21	-211			

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.

SIGNATURE: