

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

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90070 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT



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

00040614

DO NOT WRITE IN THIS SPACE

DOCUMENT # **999000097001**
Incorporation Name
Randolph D. Cisneros P.A.
1010 Rhodes Villa Lane
Delray Beach, FL 33483
Mailing Address
Same

3. Date Incorporated or Qualified
11-02-99
4. FEI Number
65-0958545
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
7. This corporation owes the current year intangible Personal Property Tax. Yes No

1a. Principal Place of Business
1010 Rhodes Villa Lane
2a. Mailing Address
Delray Beach, FL 33483
26. Suite, Apt. #, etc
27
27. City & State
28
28. Country
29
29. Zip
30

9. Name and Address of Current Registered Agent
James G. Mullin
22163 NW 2 Ave # 205
Boca Raton, FL 33431

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

I, the undersigned, being a resident of the State of Florida, do hereby certify that 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 _____ (NOTE: Registered Agent signature required when re-constituting) DATE _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	11. TITLE President	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	12. NAME Randolph D. Cisneros		
	13. STREET ADDRESS 1010 Rhodes Villa Lane		
	14. CITY-ST. ZIP Delray Beach, FL 33483		
<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	22. NAME		
	23. STREET ADDRESS		
	24. CITY-ST. ZIP		
<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	32. NAME		
	33. STREET ADDRESS		
	34. CITY-ST. ZIP		
<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	42. NAME		
	43. STREET ADDRESS		
	44. CITY-ST. ZIP		
<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	52. NAME		
	53. STREET ADDRESS		
	54. CITY-ST. ZIP		
<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	62. NAME		
	63. STREET ADDRESS		
	64. CITY-ST. ZIP		

I, the undersigned, 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 Sections 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Randolph D. Cisneros Pres** DATE **4-19-00** 5616243173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)