PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # S06878**

CONFOR	NAME OFFICES AT PHILLIPS	POINT INC			
	MIE OFFICES AT FIREERS	, i Olivi, livo.		A COMPANIA DE LA RECONO DE COMPANIA DE	
Principal Place	of Rusiness	Mailing Address		T ( A B I I A B E I A B E I A B E I A B E I A B I A I A I A I A I A I A I A I A I	
STE 800 WEST	•	STE 800 WEST			
777 SOUTH FLAGLER DR. 777 SOUTH FLAGLER DR.					
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 3340			401	DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualifed	
			<u> </u>	10/18/1990 4. FEI Number Applied For	
2. Principal Place of Business 2a. Mailing Address			65-0233870 Not Applicable	3822486	
21	# 010	Suite, Apt. #, etc.	<del></del>	\$8.75 Additional	8
Suite, Apt.	#, etc.	27	· 54 · 45 — 1 · 45 — 1	5: Certificate of Status Desired Fee Required	
City & Stat	<u> </u>	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Li Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29	30	Personal Property Tax.	
	9: Name and Address of Curren		04 11	10. Name and Address of New Registered Agent	
UAFAI	TEDO MICHAEL I		81 Name	· · · · · · · · · · · · · · · · · · ·	
0014777	TERS, MICHAEL J. SOUTH FLAGLER DR.	POWER OR	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	1102-W		83	1.12年 - 1.12	
	T PALM BEACH FL 33401		63	行程 李	
1120	T TALL DESCRIPTE OSTOT		84 City	EI 85 Zip Code	
ere on wear	4. th	2 and 607 1508' Florida Statut	es the above-named cor	rporation submits this statement for the purpose of changing its registered	
				tion's board of directors. I hereby accept the appointment as registered	
agent I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fig	rida Statules.	• ]	
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE	: Registered Agent signature requi		6
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-
TITLE	DVS				÷
NAME		☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	(114)
	WALTERS, MICHAEL J.	DELETE	1.1 TITLE 1.2 NAME		034 (11%
STREET ADDRESS	, 777 S. FLAGLER DR.	DELETE			2E034 (11)
	, 777 S. FLAGLER DR. \W. PALM BEACH FL		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition	CB2E034 (11)/
STREET ADDRESS	, 777 S. FLAGLER DR. \W. PALM BEACH FL DPT	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		CR2E034 (11)/
STREET ADDRESS CITY-ST-ZIP	,777 S. FLAGLER DR. \W. PALM BEACH FL DPT _HAYDEN, DIONNE L		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	☐ Change ☐ Addition	(1 CR2E034/11/8
STREET ADDRESS CITY-ST-ZIP TITLE	777 S. FLAGLER DR. \W. PALM BEACH FL DPT HAYDEN, DIONNE L. 777 S. FLAGLER DR.		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	☐ Change ☐ Addition	CR2E034 (111)
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	777 S. FLAGLER DR. W. PALM BEACH FL  DPT HAYDEN, DIONNE L  777 S. FLAGLER DR. W PALM BCH FL  DVS  DVS  TY7 S. FLAGLES DR. W PALM BCH FL	DELETE  DELETE	1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  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  6.1 TITLE	Change	(1 CROE034 (14)%
STREET ADDRESS CITY-ST-ZIP TITLE NAME	777 S. FLAGLER DR. \W. PALM BEACH FL  DPT HAYDEN, DIONNE L.  777 S. FLAGLER DR. W PALM BCH FL  1888.  075  177 S. FLAGLER OR  1777 S. FLAGLER OR	DELETE  DELETE	1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  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	Change	MEDED34 (14)%

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 charges, or on an attachment with an address, with all other the empowered.

SIGNATURE:

M MAN OF LEGISLAND RHUSIDUM

561-835-1000 Daytime Phone #