May 01, 1999 8:00 am Secretary of State

05-01-1999 90016 025 \*\*\*150.00

## 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 # COLADA

וטטטטו	VIEW # 521404						
1. Corporation Name THE LAW OFFICE OF FREDERIC J. DI SPIGNA, P.A.							
THE LAV	V OFFICE OF FREDERIC J.	ui spigna, p.a.			A DESIGNATION OF STREET STREET		**** 1884
							an dlilli
Principal Place	e of Business	Mailing Address				S BIEST MINIS ESPES M	IMIS MINST FRAI
4800 N FEDERAL HWY P O BOX 970187		P O BOX 970187					
307-B		—-307 <del>-B</del>					
BOCA RATON FL 33431		BOCA RATON FL 33497-187 0187		DO NOT WRITE IN THIS SPACE			
us		US			3. Date incorporated or Qualifed		}
		T = 10.00 A There			01/01/1991 .		
		2a. Mailing Address				<u></u>	plied For t Applicable
21 Cuite Apt # ote		Suite, Apt. #, etc.		65-0234262	\$8.75 A		
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	Fee Re		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution Added to Fees			
Zip			Country		8. This corporation owes the current year	ntangible	
24	29 33497-0187 30		0		Personal Property Tax.		□No
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registere	d Agent	
			81	Name			
DI SPIGNA, FREDERIC J.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
4800 N FEDERAL HWY			\"-	Oli doli y iddire			
SANCTUARY CENTRE SUITE 307-B			83				Ì
BOCA RATON FL 33431			84	City	<del></del>	. 85 Zip C	Code
					<u>_</u> <u>F</u>	L	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	, the above	e-named corpo	pration submits this statement for the purpose in's board of directors. I hereby accept the app	of changing its	registered
office or readent. I ar	egistered agent, or both, in the State o m familiar with, and accept the obligati	r Florida. Such change was autr ons of, Section 607.0505, Florid	la Statutes	ine corporado i.	in a poard of directors. Thereby accept the app	omunem as reg	3,5,6,6,6
SIGNATURE	_					_	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				nt signature required			DO (1) 40
12.		OFFICERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PTS .	☐ DELETE	1.1 TITLE			☐ Guange	
NAME			1.2 NAME				
STREET ADDRESS	2004 DITON 51 44400 1704			TADDRESS			
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	T-ZIP		☐ Change	Addition
TITLE	<del>-</del> '		1				
NAME	5101 tal # 1, 1 1 125 21 110 T		2.2 NAME	T ADDRESS			ļ
STREET ADDRESS	7001 04701 51 00400 4704		2.3 STREE				
CITY-ST-ZIP ~	BOCK 1410N 1E 33420-4701	DELETE 3.11		51-ZIP		☐ Change	Addition
TITLE NAME			3.2 NAME				_
(				TADDRESS			
STREET ADDRESS			3.4. CITY-S	1			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	71-231		☐ Change	☐ Addition
NAME	•	_	4,2 NAME	ļ			
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			TADDRESS			
CITY-ST-ZIP		<i>.</i>		T-ZIP			
TITLE	☐ DELETE 5.†TI		5.1 TITLE			Change	☐ Addition
NAME	_		5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			ļ
CITY-ST-ZIP	- I		5.4 CITY-S	T-ZIP			
TITLE	DELETE 6.1		6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			\
CITY- ST. 7IP			6.4 CITY-S	T-ZIP			ļ

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 trub 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 of 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:** 

EQUIRED

561-394-5656