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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90252 005 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **S21910**

1. Corporation Name
B.J. DICK, C.P.A., P.A.



Principal Place of Business Mailing Address
 ONE S.E. THIRD AVENUE ONE S.E. THIRD AVENUE
 15TH FLOOR 15TH FLOOR
 MIAMI FL 33131 MIAMI FL 33131
 US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1991

4. FEI Number Applied For
65-0235280 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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 8110 S.W. 78th Street 26 8110 S.W. 78th Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22
 27
 City & State City & State
 23 Miami, FL 28 Miami, FL
 Zip Country Zip Country
 24 33143 25 USA 29 33143 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICK, BARRY J.
 ONE S.E. THIRD AVENUE
 15TH FLOOR
 MIAMI FL 33131

81 Name **Dick, Sharon**
 82 Street Address (P.O. Box Number is Not Acceptable)
8110 S.W. 78th Street
 83
 84 City **Miami** FL 85 Zip Code **33143**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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 *Sharon Dick* **Sharon Dick, President** **4/23/99**
(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 DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICK, BARRY J.	1.2 NAME	Dick, Sharon
STREET ADDRESS	8110 SW 78 STREET	1.3 STREET ADDRESS	8110 S.W. 78th Street
CITY-ST-ZIP	MIAMI FL 33143	1.4 CITY-ST-ZIP	Miami, FL 33143
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(l), 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: *Sharon Dick* **Sharon Dick, President** **4/23/99** **305-274-9357**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)