

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

FILED

Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S48461** (5)
1. Corporation Name
DEBORAH TOPPING MATHEWS, P.A.



Principal Place of Business

10000 STIRLING RD
SUITE 1
COOPER CITY FL 33024
US

Mailing Address

10000 STIRLING RD
SUITE 1
COOPER CITY FL 33024-9038
US

3. Date Incorporated or Qualified

04/29/1991

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

65-0257902

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MATHEWS, DEBORAH
10000 STIRLING ROAD
SUITE 1
COOPER CITY FL 33024

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or principal office, and/or both, in the State of Florida. Such change is authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am hereby authorized to accept the appointment as registered agent for the corporation in the State of Florida.

SIGNATURE

[Signature] Pres.

3/7/97

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. NAME ADDRESS CITY, ST, ZIP TITLE
1. NAME ADDRESS CITY, ST, ZIP TITLE
2. NAME ADDRESS CITY, ST, ZIP TITLE
3. NAME ADDRESS CITY, ST, ZIP TITLE
4. NAME ADDRESS CITY, ST, ZIP TITLE
5. NAME ADDRESS CITY, ST, ZIP TITLE
6. NAME ADDRESS CITY, ST, ZIP TITLE
7. NAME ADDRESS CITY, ST, ZIP TITLE
8. NAME ADDRESS CITY, ST, ZIP TITLE
9. NAME ADDRESS CITY, ST, ZIP TITLE
10. NAME ADDRESS CITY, ST, ZIP TITLE
11. NAME ADDRESS CITY, ST, ZIP TITLE
12. NAME ADDRESS CITY, ST, ZIP TITLE
13. NAME ADDRESS CITY, ST, ZIP TITLE
14. NAME ADDRESS CITY, ST, ZIP TITLE
15. NAME ADDRESS CITY, ST, ZIP TITLE
16. NAME ADDRESS CITY, ST, ZIP TITLE
17. NAME ADDRESS CITY, ST, ZIP TITLE
18. NAME ADDRESS CITY, ST, ZIP TITLE
19. NAME ADDRESS CITY, ST, ZIP TITLE
20. NAME ADDRESS CITY, ST, ZIP TITLE
21. NAME ADDRESS CITY, ST, ZIP TITLE
22. NAME ADDRESS CITY, ST, ZIP TITLE
23. NAME ADDRESS CITY, ST, ZIP TITLE
24. NAME ADDRESS CITY, ST, ZIP TITLE
25. NAME ADDRESS CITY, ST, ZIP TITLE
26. NAME ADDRESS CITY, ST, ZIP TITLE
27. NAME ADDRESS CITY, ST, ZIP TITLE
28. NAME ADDRESS CITY, ST, ZIP TITLE
29. NAME ADDRESS CITY, ST, ZIP TITLE
30. NAME ADDRESS CITY, ST, ZIP TITLE
31. NAME ADDRESS CITY, ST, ZIP TITLE
32. NAME ADDRESS CITY, ST, ZIP TITLE
33. NAME ADDRESS CITY, ST, ZIP TITLE
34. NAME ADDRESS CITY, ST, ZIP TITLE
35. NAME ADDRESS CITY, ST, ZIP TITLE
36. NAME ADDRESS CITY, ST, ZIP TITLE
37. NAME ADDRESS CITY, ST, ZIP TITLE
38. NAME ADDRESS CITY, ST, ZIP TITLE
39. NAME ADDRESS CITY, ST, ZIP TITLE
40. NAME ADDRESS CITY, ST, ZIP TITLE
41. NAME ADDRESS CITY, ST, ZIP TITLE
42. NAME ADDRESS CITY, ST, ZIP TITLE
43. NAME ADDRESS CITY, ST, ZIP TITLE
44. NAME ADDRESS CITY, ST, ZIP TITLE
45. NAME ADDRESS CITY, ST, ZIP TITLE
46. NAME ADDRESS CITY, ST, ZIP TITLE
47. NAME ADDRESS CITY, ST, ZIP TITLE
48. NAME ADDRESS CITY, ST, ZIP TITLE
49. NAME ADDRESS CITY, ST, ZIP TITLE
50. NAME ADDRESS CITY, ST, ZIP TITLE
51. NAME ADDRESS CITY, ST, ZIP TITLE
52. NAME ADDRESS CITY, ST, ZIP TITLE
53. NAME ADDRESS CITY, ST, ZIP TITLE
54. NAME ADDRESS CITY, ST, ZIP TITLE
55. NAME ADDRESS CITY, ST, ZIP TITLE
56. NAME ADDRESS CITY, ST, ZIP TITLE
57. NAME ADDRESS CITY, ST, ZIP TITLE
58. NAME ADDRESS CITY, ST, ZIP TITLE
59. NAME ADDRESS CITY, ST, ZIP TITLE
60. NAME ADDRESS CITY, ST, ZIP TITLE
61. NAME ADDRESS CITY, ST, ZIP TITLE
62. NAME ADDRESS CITY, ST, ZIP TITLE
63. NAME ADDRESS CITY, ST, ZIP TITLE
64. NAME ADDRESS CITY, ST, ZIP TITLE
65. NAME ADDRESS CITY, ST, ZIP TITLE
66. NAME ADDRESS CITY, ST, ZIP TITLE
67. NAME ADDRESS CITY, ST, ZIP TITLE
68. NAME ADDRESS CITY, ST, ZIP TITLE
69. NAME ADDRESS CITY, ST, ZIP TITLE
70. NAME ADDRESS CITY, ST, ZIP TITLE
71. NAME ADDRESS CITY, ST, ZIP TITLE
72. NAME ADDRESS CITY, ST, ZIP TITLE
73. NAME ADDRESS CITY, ST, ZIP TITLE
74. NAME ADDRESS CITY, ST, ZIP TITLE
75. NAME ADDRESS CITY, ST, ZIP TITLE
76. NAME ADDRESS CITY, ST, ZIP TITLE
77. NAME ADDRESS CITY, ST, ZIP TITLE
78. NAME ADDRESS CITY, ST, ZIP TITLE
79. NAME ADDRESS CITY, ST, ZIP TITLE
80. NAME ADDRESS CITY, ST, ZIP TITLE
81. NAME ADDRESS CITY, ST, ZIP TITLE
82. NAME ADDRESS CITY, ST, ZIP TITLE
83. NAME ADDRESS CITY, ST, ZIP TITLE
84. NAME ADDRESS CITY, ST, ZIP TITLE
85. NAME ADDRESS CITY, ST, ZIP TITLE
86. NAME ADDRESS CITY, ST, ZIP TITLE
87. NAME ADDRESS CITY, ST, ZIP TITLE
88. NAME ADDRESS CITY, ST, ZIP TITLE
89. NAME ADDRESS CITY, ST, ZIP TITLE
90. NAME ADDRESS CITY, ST, ZIP TITLE
91. NAME ADDRESS CITY, ST, ZIP TITLE
92. NAME ADDRESS CITY, ST, ZIP TITLE
93. NAME ADDRESS CITY, ST, ZIP TITLE
94. NAME ADDRESS CITY, ST, ZIP TITLE
95. NAME ADDRESS CITY, ST, ZIP TITLE
96. NAME ADDRESS CITY, ST, ZIP TITLE
97. NAME ADDRESS CITY, ST, ZIP TITLE
98. NAME ADDRESS CITY, ST, ZIP TITLE
99. NAME ADDRESS CITY, ST, ZIP TITLE
100. NAME ADDRESS CITY, ST, ZIP TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
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
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. 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 Block 12 or 13, if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97

Date

(954) 438-1070

Skylark Phone

0133142

CR2E034 (9/96)