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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # \$48461



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90058 024 ***150.00

1. Corporation Name								
DEBORAH TOPPING MATHEWS, P.A.								
1							ANDRI ANDRE BEBEL ANDRE AT	
Principal Place of Business Mailing Address				•			Stati ninii ninii ninii ninii ni	illis Ballan relen
10000 STIRLING RD 10000 STIRLING RD								
SUITE 1 SUITE 1								
COOPER CITY FL 33024 COOPER CITY FL 33024						DO NOT WRITE IN THIS SPACE		
U\$ U\$						3. Date Incorporated or Qualifed		
						04/29/1991	,	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	olied For
21		26				65-0257902		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	
	Same and Same of the same	27 -	` -				ree Rec	
City & Stat	le	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added to	rees
Zip			_	8. This corporation owes the current y		rear Intangible ☐ Yes ☑ No		
24	25		30			Personal Property Tax.		LEWINO
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name								
MATHEWS, DEBORAH				O I Name	•			
10000 STIRLING ROAD				82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 1			}	83		1 1000 100		
COOPER CITY FL 33024			l	0.5				
			84 City				FL 85 Zip C	ode
44 5	1. If a contract of the contra	1.007.4500 Clastic Chapter			d	estion as house this statement for the purpo		registered
office or r	egistered agent, or both, in the State of	and 607.1508, Florida Statute f Florida. Such change was au	s, me ac thorized	by the corp	poration	ration submits this statement for the purpor's board of directors. I hereby accept the	appointment as reg	jistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statu	les.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if continuing (NOTE)	Bagelored .	Loant pignatura	required u	when reinstating) DA	TF	
12.	OFFICERS AND DIRECTORS			gen dignatoro	7 required 1	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	D	☐ DELETE	13.	 E			Change	Addition
NAME	MATHEWS, DEBORAH T.		1.2 NA	ΛE				
STREET ADDRESS	40000 CTIPI INC POAD #4		1.3 ST	EET ADDRESS	<u>.</u>			
CiTY-ST-ZIP	COORER AITH EL			Y-ST-ZIP				ł
TITLE		☐ DELETE	2.1 TIT	_			Change	Addition
NAME	`		2.2 NA	ΛE				
STREET ADDRESS			2.3 STI	REET ADDRESS	3			-
CITY-ST-ZIP	· ·		1	Y-ST-ZIP		and the same of the same	- -	-
TITLE		☐ DELETE	3.1 TIT				☐ Change	Addition
NAME	3.21		3.2 NA	ΛE				
STREET ADDRESS	ESS 33		3.3 STF	REET ADDRESS	5			}
CITY-ST-ZIP	·			Y-ST-ZIP				Ì
TITLE		☐ DELETE	4.1 TIT	.E			Change	Addition
NAME			4.2 NAME					
STREET ADDRESS	,		4.3 STF	REET ADDRESS	s			}
CITY-ST-ZIP	٧.			Y-ST-ZIP				
TITLE		☐ DELETE	5.1 TIT		1		Change	Addition
NAME	•		5.2 NA	ИE				
STREET ADDRESS			5.3 STF	REET ADDRESS	3			
CITY-ST-ZIP	, ,		5.4 CIT	Y+ST-ZIP		•		
TITLE		☐ DELETE	6.1 TITI	E			☐ Change	Addition
NAME			6.2 NA	ΛE				1
STREET ADDRESS	. 1		6.3 ST	REET ADDRESS	3			i

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 changed, or on an attachment within address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TUPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 22 9°

954-438-1m

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