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 # **S65995**

1. Corporation Name

DONALD F. MINTMIRE, P.A.

Principal Place	of Business		Malin	g Address									
265 SUNRISE A	VENUE	265 SU	265 SUNRISE AVENUE										
SUITE 204 PALM BEACH FL 33480				SUITE 204					DO NOT WRITE IN THIS SPACE				
			PALM	PALM BEACH FL 33480				<u> </u>	3. Date Incorporated or Qualifed				
								3.	,				
		· .	· · · · · · · · · · · · · · · · · · ·						07/09/1991			TAnni	ed For
2. Principal Pl	ace of Business)	2a. Ma	ailing Address				4.	FEI Number		-	+	
21			26					-	65-0364195		**		Applicable
Suite, Apt. :	#, etc.		⊢	Suite, Apt. #, etc.				5.	5. Certificate of Status Desired \$8.75 Additional Fee Required				
22	•		27										
City & State	θ ,		⊢ ¬	ty & State				6.	Election Campaign Financing			.00 м	
23		·	28			4			Trust Fund Contribution			ded to I	rees
Zip		Country	Zir	P		untry		8.	This corporation owes the cur	ent year Inta	ingible ☐ Yes]No Ì
24	25		29		30				Personal Property Tax.	Janiotarad i			1140
	9. Name and	d Address of Curre	ent Registere	ed Agent		81	Name	10.	Name and Address of New I	registereu i	-yent		
A CIACT	MOE DONAL	n.c				"	Name						
	MIRE, DONAL						Street A	Address (P.O. Box Number is Not Acceptable)					
	SUNRISE AVE	NUE							<u> </u>				
_	E 204					83							
PALN	# BEACH FL 3	33480				84	City				85	Zip Co	de
				•	•		•			<u> </u>			
11. Pursuant	to the provisions	of Sections 607.05	502 and 607.	1508, Florida Stati	utes, the	above	-named c	orporatio	n submits this statement for the	purpose of	changir	ig its re	egistered
office or re	egistered agent, m familiar with. a	, or both, in the Stat and accept the oblig	e of Florida. Sations of, Se	Such change was ection 607.0505, F	autnonze Iorida Sta	ea by stutes.	tne corpor	ation s be	pard of directors. I hereby acce	pt trie appoir	illiici il	as regio	,,,,,,,
		, , , , , , , , , , , , , , , , , , , ,	,	•									ļ
SIGNATURE	Signature, typed or pr	rinted name of registered ag	gent and title if app	plicable. (NO	TE: Registere	ed Agen	t signature rec	quired when r	reinstating)	DATE			
12.	:	OFFICERS A	AND DIRECT	ORS	13	l			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	P			□ DELETE	1.11	TITLE	1				Cha	ange	Addition
NAME	MINTMIRE, D	ONALD F.			1.21	NAME							İ
STREET ADDRESS	265 SUNRIS					STREET	ADORESS						
		_ , , ,			1.33		ADDITION						
	PALM RCH	FI					- 1			_			
CITY-ST-ZIP	PALM BCH.	<u>FL</u>		☐ DELETÉ	1.4 (CITY-ST	- 1		44-		Cha	inge	Addition
TITLE	PALM BCH.	FL		☐ DELETE	2.1	CITY-ST	- 1	<u>-</u>			Cha	ange	Addition
TITLE NAME	PALM BCH.	<u>FL</u>		☐ DELETE	2.1 2.2	CITY-ST TITLE NAME	r-ZIP				Cha	ange	Addition
NAME STREET ADDRESS		<u>FL</u>		☐ DELETE	2.1 2.2 2.3	CITY-SI TITLE NAME STREET	T-ZIP ADDRESS	<u> </u>			☐ Chi	ange	Addition
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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 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, on an attachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90242 018 ***150.00

CR2E034 (11/98)