

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 02 1998 8:00am
Secretary of State

DOCUMENT # **S92520** (3)

1. Corporation Name
COONEY, MATTSON, LANCE, BLACKBURN, RICHARDS & O'CONNOR, P.A.

Principal Place of Business
**301 E. LAS OLAS BLVD
7TH FLOOR
FORT LAUDERDALE FL 33302
US**

Mailing Address
**P.O. BOX 14546
FORT LAUDERDALE FL 33302
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1991

4. FEI Number

65-0294635

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **2312 WILTON DRIVE**

Suite, Apt. #, etc.

City & State

23 **FORT LAUDERDALE, FL**

Zip

24 **33305**

Country

25 **BROWARD**

2a. Mailing Address

26 **2312 WILTON DRIVE**

Suite, Apt. #, etc.

City & State

28 **FORT LAUDERDALE, FL**

Zip

29 **33305**

Country

30 **BROWARD**

9. Name and Address of Current Registered Agent

**MICHAEL C. MATTSON
301 E LAS OLAS BLVD
FT. LAUDERDALE FL 33302**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/23/98

12. OFFICERS AND DIRECTORS

TITLE **VP** ☐ DELETE

NAME **RICHARDS, JOHN**
STREET ADDRESS **301 E OLAS BLVD**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VP** ☐ DELETE

NAME **DAVID F. COONEY**
STREET ADDRESS **301 E. LAS OLAS BLVD**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **P** ☐ DELETE

NAME **MATTSON, MICHAEL C.**
STREET ADDRESS **301 E OLAS BLVD**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VP** ☐ DELETE

NAME **BLACKBURN, ACE J.**
STREET ADDRESS **301 E OLAS BLVD**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 address.

SIGNATURE:

REQUIRED

8/25/98

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CR2E034 (5/98)