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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V03052

1. Corporation Name

EDWARD J. HOPKINS, P.A.

Principal Place	e of Business	Mailing Address		,			14114 #818 3 81418 1484 81841		
777 SOUTH FLAGLER DRIVE		777 SOUTH FLAGLER DRIVE							
1900 PHILLIPS POINT WEST		1900 PHILLIPS POINT WEST				DO NOT WRITE IN THIS SPACE			
WEST PALM BEACH FL 33401-6198 WEST PALM BEACH FL 33			U1-6198			3. Date Incorporated or Qualifed			
	·					01/01/1992	:		
2 Principal P	lace of Business	2a. Mailing Address			+	4. FEI Number			plied For
21	lace of business	26			· -	65-0307264	1.00		t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			<u> </u>			\$8.75	
22		27				5. Certificate of Status I	Desired	Fee Re	equired
City & Stat	e .	City & State				6. Election Campaign F	inancing	\$5.00	May Be
23		28				Trust Fund Contribut	tion .	Added t	to Fees
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible			
24	25	29 3	0			Personal Property Ta		Yes	⊠ No
	9. Name and Address of Currer	nt Registered Agent	04	N 1		10. Name and Address	of New Registered	Agent	
ы∩в	rkins, Edward J.		81	Name					
			82	Street	Address	(P.O. Box Number is No	ot Acceptable)]
777 SOUTH FLAGLER DRIVE 1900 PHILLIPS POINT WEST			83						
	ST PALM BEACH FL 33401-6198		63			•			
***************************************	TAGIN DEACHTE SOTO TO TOO		84	City			FI	85 Zip (Code
	to the provisions of Sections 607.050	0 1007 4500 Florido Otob 400	455			tion authorite this stateme			registered
office or r	egistered agent, or both, in the State	of Florida. Such change was auti	horized by	tne corp	oration's	board of directors. I her	eby accept the appo	ointment as re	gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	la Statutes	•		•	•		
SIGNATURE	Signature, typed or printed name of registered age								
			anistered Anei	nt signature	required wh	ien reinstating)	: DATE		I
12			egistered Age	nt signature	required wh			ND DIRECTO	RS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOTE: R ND DIRECTORS	13.	nt signature	required wh	ADDITIONS/CHANGE		ND DIRECTO	PRS IN 12
TITLE	PSTD OFFICERS AN	ID DIRECTORS	13.	nt signature	required wh				
TITLE NAME	PSTD HOPKINS, EDWARD J.	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME	······································					
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TITLE NAME	PSTD HOPKINS, EDWARD J.	ID DIRECTORS ☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS					
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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 with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP