PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V12042

1. Corporation Name

DANIEL H. KENT, P.A.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90167 046 ***150.00



Nailing Address						I 1885 Pride Itala 1011 Obril ata	IB HIBH BIBH BIN	ILE BIBLI BIBLI	aint bibli fen
Principal Place of Business Mailing Address					ł				
3872 SHERIDAN ST. HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021									
US US						DO NOT WRITE IN THIS SPACE			
· ·					Ī	3. Date Incorporated or Qualifed			
	•					02/03/1992			
2. Principal Place of Business 800 (VA/O 2a. Mailing Address				0		4. FEI Number		A	Applied For
21 3801	louywood Toll	26 3801 HOLLY 1000	<u>ი (ჯ</u>	<u>VLEVA</u>	HD]	65-0311 <u>5</u> 02			lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.]	5. Certificate of Status Desired			Additional
22 350 27 350							_		Required
City & State City & State			CI		ĺ	6. Election Campaign Financing			May Be
23 HOUY 1000, FC 28 HOUY 1000,						Trust Fund Contribution		_	I to Fees
Zip	Country	Zin 33021 30	Count) Ca		8. This corporation owes the curre		ngible ∐Yeş	□No
24 330				<u>U77</u>		Personal Property Tax. 10. Name and Address of New R			
	9. Name and Address of Current I	Registered Agent		31 Nam		10. Name and Address of New K	egistereu A	Genr	
KENT, DANIEL H						NI VANIELM.			
	SHERIDAN STREET		8	32 Stree	et Addres	S (P.O. Box Number is Not Accepta	ble)		
HOLLYWOOD FL 33021					POT	HOUY WOOD BOULEN			
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			1	34 City	1		FL	85 Zir	Code
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11. Pursuant office or re	to the provisions of Sections 607,0502 egistered agent, of both in the state of m familiar with, and society the obligation	and 607.1508, Florida Statutes Florida. Such change was auth	, t ne ab norized l	we-name by the cor	eporation'	ation submits this statement for the s board of directors. I hereby accep	t the appoin	tment as r	registered
agent. le	m familiar with, and acceptance obligation	ons of, Section 607.0505, Florid	a Statut	es.)		3/4	na	
SIGNATURE 3/1/97									
40	Signature, typed or printed name of registered agent a OFFICERS AND		13.	gent signatur	re requirea w	ADDITIONS/CHANGES TO OF	ICERS AN	DIRECT	ORS IN 12
12.	PSD	DELETE	13. 1.1 TITL	 F	700			M Change	
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NAME									ļ
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NAME					ee				ĺ
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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 this amount of the corporation or the receiver or this amount of the corporation of the receiver or this amount of the corporation of the receiver or this amount of the corporation of the receiver or this amount of the corporation of the receiver or this amount of the corporation of the receiver or the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or this amount of the receiver or the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation or the receiver of the corporation of the receiver of t

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99 (954) 894-910

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