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Mailing Addrose

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # V16148

1. Corporation Name

DONOVAN & BORDELEAU, P.A. CERTIFIED PUBLIC ACCOUNTANTS

Principal Place	e of Business	Mailing Address								
3221 GROVE R	D ·	3221 GROVE RD								
1 -	RDENS FL 33410	PALM BCH GARDENS FL	33410				DO NOT	WRITE IN T	HIE EBACE	
us		US				a Data Inco	proprated or Qua		HIS SPACE	
							•	mea		ļ
ļ	•					02/20/				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Num				plied For
21		26				65-031	4902			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬ '''			5. Certificate	of Status Desire	ed 🗆	\$8.75 A	
22		27							Fee Re	·
City & Stat	e .	City & State					Campaign Finan	cing _	\$5.00	•
23		28				Trust Fur	nd Contribution		Added t	o Fees
Zip	Country	Zip	Coun	try		8, This corp	oration owes the	current year		}
24	25 29						Property Tax.		∐ Yes	□No
	9. Name and Address of Current	Registered Agent		_,_		10. Name ar	nd Address of N	ew Register	ed Agent	
			1	81 N	ame					
BORDELEAU, KATHLEEN A.			82 Street A		treet Addre	ess (P.O. Box N	lumber is Not Ac	centable)		
) PINE HILL TRAIL		[-	il dot riddi.	000 (r .O. Þox r		vop.22.0,		
PALI	M BCH GARDENS FL 33418		Ti-	83						
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				84 C	•				85 Zip (
.11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statut	es, the ab	ove-na	med corpo	oration submits	this statement fo	r the purpose	of changing its	registered
office or r	egistered agent, or both, in the State or im familiar with, and accept the obligat	of Florida. Such change was a	uthorized rida Statut	by the	corporatio	on's board of dire	ectors. I hereby a	accept the ap	pointment as re	gistereo
-	in lamilal with, and accept the obligat		rida Otala							
SIGNATURE	Signature, typed or printed name of registered agent	and title if annicable (NOTE	- Danistarad A	t elec	ature required	d when reinstating) .		DATE		
ļ	Signature, typed or printed rialite or registered agent	and also is oppricated.	. Magistalau A	சிவானி						
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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 an attachment with an address, with all other like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

3/18/

561-625-6644

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90125 021 ***150.00

CR2E034 (11/98)