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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 TO INLE	ENT # V18031
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1. Corporation SAMUE	on Name L P. AUGSPURGER, INC.								
Principal Plac	ce of Business	Mailing Address					ICIDI ICEL BIOLI BIOL	i Midir Atası At	·#14 #1#11 1##1
11202 LADINO BOCA RATON		11202 LADINO STREET BOCA RATON FL 3342							
US		US		•			RITE IN THIS S	PACE	
						 Date Incorporated or Qualifer 02/28/1992 	J		
2. Principal i	Place of Business	2a. Mailing Address				4. FEI Number		Apr	plied For
21		26				65-03 13538			Applicable
Suite, Apt		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A. Fee Rec.≕	
- 1	a a la	27	• • • ·- ··		, :	. 200 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
City & Sta	ite	City & State				Election Campaign Financing Trust Fund Contribution	· ⊔	\$5.00 h Added to	
Zip	Country 25	Zip 29	30 Co	untry		This corporation owes the cu Personal Property Tax.		Yes [□No
1	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered A	<u>jent</u>	
	000 100 0 15 NUEED 1 500			81 Name	Ter	nifer L. Augs	spurae	r. E	(Q.
	GSPURGER, JENNIFER L., ESQ.			82 Street	Addres	ss (P.O. Box Number is Not Accep	table)		
1	OA BATON CL 20400			10	<u>100</u>	NW Corpora	TE BIV	<u>a·</u>	
	CA RATON FL 33428			83	Suit	te 400 East			
[84 City	54	on Dutan		85 Zip C	9t 2 /
		1500 51 11 01			<i>70</i> (L Part 1	FL		TOI
i office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida. Such change wa	as authorize	d by the corp	oration	's board of directors. I hereby acco	ept the appoint	nent as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (!	NOTE: Registere	d Agent signature (required v	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTO	
TITLE	DPST	☐ DELETE	1.1 T	TILE				Change	☐ Addition
NAME	AUGSPURGER, SAMUEL P.		1.2 N	IAME					
STREET ADDRESS			1.3 9	STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33428			CITY-ST-ZIP				==	
TITLE		☐ DELETE	2.1 T	TITLE			i	Change	Addition
NAME			2.2 N	IAME					
STREET ADDRESS	5		2.3 9	STREET ADDRESS	}				
CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,		CITY-ST-ZIP	الأستان	ا الله الله الله الله الله الله الله ال	<u> </u>	Change	Addition
TITLE		☐ DELETE		ME				☐ Orlange	C) Addition
NAME				NAME					
STREET ADDRESS	S			STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE		City-St-ZiP Tile			-	Change	Addition
TITLE	·								
NAME	_			NAME STREET ADDRESS					
STREET ADDRESS	-	•			İ				
CITY-ST-ZIP TITLE	-	☐ DELETE		City-s <u>t-zip</u> Title				Change	Addition
NAME				AME					
STREET ADDRESS	s			STREET ADDRESS	-	ı			
CITY-ST-ZIP	· ·			CITY-ST-ZIP					
TITLE		DELETE		ME	 			Change	☐ Addition
NAME				NAME					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS