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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCU	MENT # V28263									
 Corporation 	Name	D.A								
AKERMA	N, SENTERFITT & EIDSON,	P.A.				1 (80)(81)0(8 1/80)	CONTRACTOR OF THE	88 1111 818 11 81 7	en aran desar	NIANI ANTO INGI
					ļ				(2) 6) 2 (1 6) 6 (1) 2	ALEN BIRK IBRI
Principal Place	of Rusiness	Mailing Address					. IBIID IJETU DIT	99 019 3#		Olek eyek isel
Principal Place of Business Mailing Address 255 S ORANGE AVE 255 S ORANGE AVE										
17TH FLOOR	AVE	17TH FLOOR								
ORLANDO FL 32801		ORLANDO FL 32801						E IN THIS	SPACE	
					1	3. Date Incorporated of	ir Qualifed			
2 Dringing D	ace of Business	2a. Mailing Address				05/01/1992 4. FEI Number				pplied For
21 Principal Pi	ace of business	26				59-3117860				ot Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.					Desired			Additional
22		27				5. Certifcate of Status	Desired	<u></u>	~ Fee Re	aquired
City & State	•	City & State			-	6. Election Campaign	Financing		•	May Be
23		28			\longrightarrow	Trust Fund Contribu				to Fees
Zip	Country	Zip	Country		1	8. This corporation ov		ent year Inta	ıngible □Yes	□No
24	9. Name and Address of Current	Pagistared Agent	0			Personal Property 1 O. Name and Addres		enistered /		
	9. Name and Address or Current	Registered Agent	81	Name		V. Harrie dita Addito	<u> </u>	og.oto.ou /	.50	
Nadeau, Robert B.				0, ,	A 11111	(D.O. D N	let Assasts	hla)		
C/O AKERMAN, SENTERFIT			82	Street	Address	(P.O. Box Number is I	iot Acceptai	ble)		
255 South Orand Avenue, Suite 1700			83							
ORLA	ANDO FL 32801		84	City					85 Zip	Code
				'				FL	'	
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statutes	, the above	e-named	corporati	ion submits this statem	ent for the pareby accept	purpose of o	changing its	; registered egistered
agent. I ar	n familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statutes		ioration 3	board of directors. The	moby aboup	t tito oppon		, 3 ,
SIGNATURE								DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		tegistered Agen	it signature r	required whe	ADDITIONS/CHANG	ES TO OFF		D DIRECT(ORS IN 12
TITLE	TV	☐ DELETE	1.1 TITLE		D				☐ Change	Addition
NAME	BROWN, NINA K		1.2 NAME		PERI	EZ, LUIS J				
STREET ADDRESS	6342 SW 109TH ST		1.3 STREET	ADDRESS	701	CAMILLO A	VENUE			
CITY-ST-ZIP	MIAMI FL				COR	AL GABLES,	_FL	33134		
TITLE	D	☐ DELETE	2.1 TITLE		D				☐ Change	Addition
NAME	AWNER, JONATHAN L.		2.2 NAME			UGHNESSY,				
STREET ADDRESS	6120 MOSS RANCH ROAD			ADDRESS		2 BUCKWOOD				
CITY-ST-ZIP	MIAMI FL 33156 ✓ □ DELETE		2. 4 CITY-S 3.1 TITLE	T-ZIP	∔ORL⁄	ANDO, FL	32806		☐ Change	Addition
TITLE	GOLDBERG, MICHAEL I.			3.2 NAME					¢nango	
NAME STREET ADDRESS	20131 NE 21ST AVENUE		L	TADDRESS						
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179)	3.4. CITY-S		`		•			
TITLE	V □ DELETE		4.1 TITLE		1		~-		Change	- Addition
NAME	CULPEPPER, P. BRUCE		4. 2 NAME							
STREET ADDRESS	1117 CARRIAGE ROAD		4.3 STREET	TADDRESS	;					
CITY-ST-ZIP	TALLAHASSEE FL 32312		4.4 CITY- S	T-ZIP						
TITLE	D	☐ DELETE	5.1 TITLE						Change	☐ Addition
NAME	HURT, RICHARD T.		5.2 NAME							
STREET ADDRESS	401 SPRING VALLEY LANE			ADORESS	'					
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 3271		5.4 CITY-S' 6.1 TITLE	T-ZIP	1				. Change	Addition
TITLE	SVD	☐ DELETE	6.2 NAME						Griange	
NAME	MELLEN, III R			T ADDRESS						
STREET ADDRESS	9003 CLASSIC CT		0.0 31 NEE	· nounted	1					I

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 changing or one attactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

ORLANDO FL

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99

407-843-7860

Daytime Phone #

150039-90169-24 1282163

Akerman, Senterfitt & Eidson, P.A. Attachment to 1999 Profit Corporation Annual Report Block 13

Title:

DV

Deletion

Name:

Kamradt, Russell T.

Street Address:

5564 Pennock Point Road

City-ST-Zip:

Jupiter, FL 33458

Title:

D

Deletion

Name:

Street Address:

McMahon, Michael P. 1021 Wald Road

City-ST-Zip:

Orlando, FL 32806