04261999-90221-032-$115.00-$115.00

PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # V51479

1. Corporation Name
**GREENSTEIN & KING, C.P.A., P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| 7000 W. PALMETTO PARK<br>#502<br>BOCA RATON FL 33433<br>US | 7000 W. PALMETTO PARK<br>#502<br>BOCA RATON FL 33433<br>US |

DO NOT WRITE IN THIS SPACE

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>07/16/1992 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>65-0344042 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |
| | | 8. This corporation owes the current year Intangible Personal Property Tax ☑ Yes ☐ No |

9. Name and Address of Current Registered Agent

KING, CASEY
7545 NW 75TH DRIVE
PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 11 TITLE | ☐ Change ☐ Addition |
| NAME | KING, TERRY LYNN | | 12 NAME | |
| STREET ADDRESS | 7545 NW 75TH DRIVE | | 13 STREET ADDRESS | |
| CITY-ST-ZIP | PARKLAND FL | | 14 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | | 22 NAME | |
| STREET ADDRESS | | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | | 24 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | | 32 NAME | |
| STREET ADDRESS | | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | | 34 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | | 42 NAME | 200002873872--6 |
| STREET ADDRESS | | | 43 STREET ADDRESS | -02/03/99--01051--012 |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | *****35.00 |
| TITLE | | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | |
| STREET ADDRESS | | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | |
| STREET ADDRESS | | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | |

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.

**SIGNATURE:** X Terry King 4-22-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)