

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # V52530

(5)

1. Corporation Name

PAYNE & AUSTIN, P.A.

Principal Place of Business

8950 CYPRESS RD.
SUITE 101
PLANTATION FL 33317

Mailing Address

8950 CYPRESS RD.
SUITE 101
PLANTATION FL 33317



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/29/1992	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0344112	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24. Name and Address of Current Registered Agent		29. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
AUSTIN, C. RANDALL 8950 CYPRESS ROAD SUITE 101 PLANTATION FL 33317		AUSTIN, C. RANDALL 8950 CYPRESS ROAD SUITE 101 PLANTATION FL 33317		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
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.		10. Name and Address of New Registered Agent			
SIGNATURE		12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Signature of person performing the filing (if not the agent, then the agent's signature is required when installing)		NAME		NAME	
DATE		TITLE		TITLE	
		1.1 NAME		1.1 NAME	
		1.2 STREET ADDRESS		1.2 STREET ADDRESS	
		1.3 CITY - ST - ZIP		1.3 CITY - ST - ZIP	
		1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP	
		2.1 NAME		2.1 NAME	
		2.2 STREET ADDRESS		2.2 STREET ADDRESS	
		2.3 CITY - ST - ZIP		2.3 CITY - ST - ZIP	
		2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP	
		3.1 NAME		3.1 NAME	
		3.2 STREET ADDRESS		3.2 STREET ADDRESS	
		3.3 CITY - ST - ZIP		3.3 CITY - ST - ZIP	
		3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
		4.1 NAME		4.1 NAME	
		4.2 STREET ADDRESS		4.2 STREET ADDRESS	
		4.3 CITY - ST - ZIP		4.3 CITY - ST - ZIP	
		4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
		5.1 NAME		5.1 NAME	
		5.2 STREET ADDRESS		5.2 STREET ADDRESS	
		5.3 CITY - ST - ZIP		5.3 CITY - ST - ZIP	
		5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
		6.1 NAME		6.1 NAME	
		6.2 STREET ADDRESS		6.2 STREET ADDRESS	
		6.3 CITY - ST - ZIP		6.3 CITY - ST - ZIP	
		6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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		12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Signature of person performing the filing (if not the agent, then the agent's signature is required when installing)		NAME		NAME	
DATE		TITLE		TITLE	
		1.1 NAME		1.1 NAME	
		1.2 STREET ADDRESS		1.2 STREET ADDRESS	
		1.3 CITY - ST - ZIP		1.3 CITY - ST - ZIP	
		1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP	
		2.1 NAME		2.1 NAME	
		2.2 STREET ADDRESS		2.2 STREET ADDRESS	
		2.3 CITY - ST - ZIP		2.3 CITY - ST - ZIP	
		2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP	
		3.1 NAME		3.1 NAME	
		3.2 STREET ADDRESS		3.2 STREET ADDRESS	
		3.3 CITY - ST - ZIP		3.3 CITY - ST - ZIP	
		3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
		4.1 NAME		4.1 NAME	
		4.2 STREET ADDRESS		4.2 STREET ADDRESS	
		4.3 CITY - ST - ZIP		4.3 CITY - ST - ZIP	
		4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
		5.1 NAME		5.1 NAME	
		5.2 STREET ADDRESS		5.2 STREET ADDRESS	
		5.3 CITY - ST - ZIP		5.3 CITY - ST - ZIP	
		5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
		6.1 NAME		6.1 NAME	
		6.2 STREET ADDRESS		6.2 STREET ADDRESS	
		6.3 CITY - ST - ZIP		6.3 CITY - ST - ZIP	
		6.4 CITY - ST - ZIP		6.4 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.

SIGNATURE: C. Payne Austin, President
5/11/98 (10/97)