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

Mar 02, 1999 8:00 am Secretary of State 03-02-1999 90141 026 ***150.00

DOCUMENT # V52530 1. Corporation Name PAYNE & AUSTIN, P.A.							
Principal Place of Business Mailing Address					I (BOI) DILLON DILLO NODE DI DILLON	81811 81831 81811 8 11	OTA OTOTO LOGI
6950 CYPRESS RD. 6950 CYPRESS RD.							
SUITE 101 PLANTATION FL 33317		SUITE 101	*****				
		PLANTATION FL 33317		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
Principal Place of Business 2a. Mailing Address					06/29/1992 4. FEI Number	Anr	olied For
21. Principal Frace of Business		<u> </u>	26		65-0344112	<u> </u>	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc			\$8:75-A		
22		27	27		5. Certifcate of Status Desired	Fee Rec	quired
City & State City & State					6. Election Campaign Financing	\$5.00 N	Мау Ве
23		28	28		Trust Fund Contribution	Added to	Fees
Zip	p Country Zip		Country		8. This corporation owes the current year Ir	ntangible	-
24	25		30		Personal Property Tax.	<u> </u>	ØN₀
	9. Name and Address of Curr	rent Registered Agent	- 04		10. Name and Address of New Registered	Agent	
	TIN, C. RANDALL		81		Iress (P.O. Box Number is Not Acceptable)	•	
6950 CYPRESS ROAD					·		
SUITE 101			83				
PLANTATION FL 33317			84	City		85 Zip C	ode
				<u> </u>	poration submits this statement for the purpose of		ragistarad
office or r	egistered agent, or both, in the Sta	tte of Florida. Such change was autigations of, Section 607.0505, Florid	horized by	tne corporati	ion's board of directors. Thereby accept the appa	pintment as reg	istered
	Signature, typed or printed name of registered agent and title if applicable (NOTE: I			nt signature requir	ed when reinstating) DATE	ND OIDECTOI	DC IN 12
12.	OFFICERS AND DIRECTORS Delete		13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	P		1.1 IIILE				
NAME	AUSTIN, C. RANDALL			TADDRESS			
STREET ADDRESS	8032 LAKE POINTE CT.			1			
CITY-ST-ZIP TITLE	PLANTATION FL	DELETE	1.4 CITY-S 2.1 TITLE	11-211		Change	Addition
1	VST D MADE	Assess	2.2 NAME		The second secon		
NAME	TAINE, D. MAIN			T ADDRESS	,		
STREET ADDRESS	9334 S.W. 1ST ST. PLANTATION FL		2. 4 CITY-	\			l
TITLE			3.1 TITLE	J1 2#		Change	☐ Addition
NAME	32		3.2 NAME				i
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE	☐ DELETE 5.1 TI		5.1 TITLE			Change	Addition (
NAME			5.2 NAME				
STREET ADORESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY- 9	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE		,	Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
			6.4 CITY- 9	T-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: