

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Aug 31, 1999 8:00 am  
Secretary of State  
08-31-1999 90003 031 \*\*\*150.00

DOCUMENT # V56355

1. Corporation Name  
CHRISTINE E. BRYCE, P.A.

Principal Place of Business  
NW 2ND AVENUE  
FLOOR  
FL 33169

Mailing Address  
18350 NW 2ND AVENUE  
FIFTH FLOOR  
MIAMI FL 33169  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Date Incorporated or Qualified  
07/30/1992

4. FEI Number  
65-0352325

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
BRYCE, CHRISTINE E.  
18350 NW 2ND AVENUE  
FIFTH FLOOR  
MIAMI FL 33169

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

12. OFFICERS AND DIRECTORS

TITLE P  
NAME BRYCE, CHRISTINE E  
STREET ADDRESS 20401 N.W. 2ND AVE, #206  
CITY-ST-ZIP MIAMI FL 33169

TITLE V  
NAME JOHNSON, DALTON A  
STREET ADDRESS 250 SW 98TH TERRACE  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: SIGNATURE REQUIRED

8/27/99 (305) 651-4558

CR2E034 (5/99)



*Christine E. Bryce, P.A.*  
**LAW OFFICES**

18350 N.W. 2ND AVENUE  
FIFTH FLOOR  
MIAMI, FL 33169  
TEL: (305) 651-4558  
FAX: (305) 653-5286

# V56355  
610979

*August 27, 1999.*

*Division of Corporations  
Annual Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302.*

*Re: Christine E. Bryce, P.A.  
Notice of Lost Documents*

*Dear Sir/Madam:*

*As per my conversation with your organization, I have been informed that you have no record of receiving my original filing. Unfortunately, in the seven years of my incorporation, I have never used certified mail. Pursuant to the instructions from your office, I will at this time initiate a stop payment on the original check.*

*If there are any further questions or concerns, please let me know.*

*Sincerely,*

*Christine E. Bryce, Esq.  
For the Firm*