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

DOCUMENT # 601529

1. Corporation Name

LOUIS PESCE, P.A.

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90034 043 ***150.00



Principal Place of Business Mailing Address										
1311 WEST WEBSTER AVENUE 1311 WEST WEBSTER AVENU					ENUE	IE .				
WINTER PARK FL 32789			WI	WINTER PARK FL 32789				DO NOT WRITE IN THIS SPACE		
							•	3. Date Incorporated or Qualifed		
								10/09/1969		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For	\neg	
21				26				59=1272396Not Applicab	le	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				\$8.75 Additional		
22				27				5. Certificate of Status Desired Fee Required		
City & State				City & State				6. Election Campaign Financing \$5.00 May Be		
23			28					Trust Fund Contribution Added to Fees	_	
Zip	Zip Country			Zip Country				8. This corporation owes the current year Intangible Personal Property Tax. Yes		
24	25			30				T STOCKET TOPONY		
9. Name and Address of Current				gistered Agent			10. Name and Address of New Registered Agent Name		-	
DESC	CE I OHIG		81			IName				
PESCE,LOUIS 1311 W WEBSTER AVE							Street Addre	ddress (P.O. Box Number is Not Acceptable)		
WINTER PARK FL 32789										
WINIER FARK FL 32109						83				
						84	City	Fi 85 Zip Code		
						Ш				
office or n	agistored ager	ns of Sections 607.050 nt, or both, in the State i, and accept the obliga	of Flori	ida. Such change was i	authorized	I DV	the corporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered		
	THE ICH HILLS	, and accopt the trans-		,,					- (
-						Agen	nt signature required		⊣ 5	
12.		OFFICERS AN	ID DIRI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<u></u> {	
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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 acculate 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99 407-647-418 (