**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 684782

1. Corporation Name

REPONEN, ORNSTEIN & CO., P.A., CERTIFIED PUBLIC **ACCOUNTANTS** 

## Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90065 033 \*\*\*150.00



Principal Place of Business Mailing Address						1811 61611 61611 6	(811 8121) 1001
2265 LEE ROAD WINTER PARK I		2265 LEE ROAD, SUITE 225 WINTER PARK FL 32789			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified 08/20/1980		
	lace of Business	2a. Mailing Address	<u> </u>		4. FEI Number	<u> </u>	plied For
21		26			59-2016822	\$8.75 A	t Applicable
Suite, Apt.	#, etc.	27 Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Re	
City & Stat	е	City & State		:	6: Election Campaign Financing  Trust Fund Contribution	\$5.00 Added t	· .
Zip	Country		Country	,	8. This corporation owes the current year In	tangible <b>⊠</b> Yes	□No
24	[25]	29 30	1		Personal Property Tax.  10. Name and Address of New Registered	<u> </u>	
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Hame and Address of New Adjusticion	Agont	
	ONEN, DANIEL W		82		Idress (P.O. Box Number is Not Acceptable)		
	LEE RD., STE 225		L		ruless (F.O. Box Number is Not Acceptable)		
AAIIAI	TER PARK FL 32789		83	Ì			
			84	City	FL	85 Zip (	Code
office or n agent. I a	egistered agent, or both, in the State	02 and 607.1508, Florida Statutes, the of Florida. Such change was author ations of, Section 607.0505, Florida S	rized by	the corpora	rporation submits this statement for the purpose o ation's board of directors. I hereby accept the appo	changing its intment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable. (NOTE: Regis	stered Age	nt signature requ	uired when reinstating) DATE		
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DS	☐ DELETE	1.1 TITLE	1		Change	☐ Addition
NAME	ORNSTEIN, RICHARD M.	•	1.2 NAME				
STREET ADDRESS	665 CHELSEA RD.		1.3 STREE	T ADDRESS			}
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY- 9	IT-ZIP			
TITLE	PD	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	REPONEN, DANIEL W.		2.2 NAME				
STREET ADDRESS	1503 THE OAKS DRIVE	1:	2.3 STREE	TADDRESS			
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-	ST-ZIP	<u> </u>		- Latera
TITLE		DELETE	3.1 TITLE			- Change	☐ Addition
NAME			3.2 NAME				ļ
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		Change	Addition :
TITLE			4.1 TITLE				
NAME			4. 2 NAME	- 1			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY- 5	ST-ZIP	·····	Change	☐ Addition
TITLE			5.1 TITLE 5.2 NAME				
NAME				T ADDRESS			ļ
STREET ADDRESS			5.4 CITY-S				ĺ
CITY-ST-ZIP			6.1 TITLE	77 - ZIF		Change	Addition
TITLE		_	6.2 NAME	1			
NAME				TADDRESS			{

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 en an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP