

1-22-97 B-0419-NC

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

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 693840

(1)

1. Corporation Name

WILLIAM M. QINTER, P.A.

Principal Place of Business

117 NORTH ORLANDO AVENUE
COCOA BEACH FL 32931-2914

Mailing Address

117 NORTH ORLANDO AVENUE
COCOA BEACH FL 32931-2914

3. Date Incorporated or Qualified

07/08/1981

3a. Date of Last Report

03/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

QINTER, WILLIAM M
117 N ORLANDO AVE
COCOA BCH, FL
32931

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME ☐ DELETEDP
QINTER, WILLIAM M
117 N. ORLANDO
COCOA BEACH FL1.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

1.2 NAME

CITY - ST - ZIP

1.3 STREET ADDRESS

CITY - ST - ZIP

1.4 CITY - ST - ZIP

NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

CITY - ST - ZIP

2.2 NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

CITY - ST - ZIP

3.2 NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

CITY - ST - ZIP

4.2 NAME

STREET ADDRESS

CITY - ST - ZIP

4.3 STREET ADDRESS

CITY - ST - ZIP

4.4 CITY - ST - ZIP

NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

CITY - ST - ZIP

5.2 NAME

STREET ADDRESS

CITY - ST - ZIP

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

CITY - ST - ZIP

6.2 NAME

STREET ADDRESS

CITY - ST - ZIP

6.3 STREET ADDRESS

CITY - ST - ZIP

6.4 CITY - ST - ZIP

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1-13-97 407 283-6569

CR2E034 (9/96)

FILED
Jan 22 1997 8:00am
Secretary of State