


FILE NOW: FILING FEE IS \$61.25

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90022 019 ****61.25

0066147

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 768840					
1. Corporation Name 5550 PROFESSIONAL BUILDING ASSOCIATION, INC.					
Principal Place of Business 5550 26TH ST. W. STE. 7 BRADENTON FL 34207-3514 US			Mailing Address 5550 26TH ST. W. STE. 7 BRADENTON FL 34207-3514 US		



2. Principal Place of Business 21 5550 26th St. W. Ste #3 Suite, Apt. #, etc. 22 Florida City & State 23 BRADENTON FL Zip 24 34207 Country 25 US		2a. Mailing Address 26 5550 26th St. W. Ste #3 Suite, Apt. #, etc. 27 Florida City & State 28 BRADENTON FL Zip 29 34207 Country 30 US		3. Date Incorporated or Qualified 06/09/1983 4. FEI Number 59-2407216 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--	--	--	--

9. Name and Address of Current Registered Agent KITCHNEE, A.H. I 5550 26TH ST W. STE. 7 BRADENTON FL 34207				10. Name and Address of New Registered Agent 81 Name DON WESTERHOFF 82 Street Address (P.O. Box Number is Not Acceptable) 5550 26th St. W. 83 Suite #3 84 City BRADENTON FL 85 Zip Code 34207			
--	--	--	--	---	--	--	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **Res.** **4/27/99** DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KITCHNER, A.H.		1.2 NAME	DON WESTERHOFF			
STREET ADDRESS	5550 26TH ST. W., #7		1.3 STREET ADDRESS	5550 26th St. W. Ste 3			
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP	BRADENTON, FL 34207			
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JACKSON, DEBORAH K		2.2 NAME	Stanley Pierce			
STREET ADDRESS	5550 26TH ST. W., #7		2.3 STREET ADDRESS	5550 26th St. W. Ste 3			
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP	BRADENTON, FL 34207			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GOLDMAN, HOWARD		3.2 NAME	LYNNE WESTERHOFF			
STREET ADDRESS	5550 26TH ST. W., #8		3.3 STREET ADDRESS	5550 26th St. W. Ste 3			
CITY-ST-ZIP	BRADENTON FL		3.4 CITY-ST-ZIP	BRADENTON, FL 34207			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 617, 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: *[Signature]* **REQUIRED** **4/27/99** **(940) 752-1159**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)