

07081999-90022-041-\$150.00-\$150.00

99.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO MEMBERS: \$750)

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 JUL 19 AM 11:01

DOCUMENT # L45012 Corporation Name

STUART K. FURMAN, P.A.



Principal Place of Business: STUART K. FURMAN, 1 NICOLE LN, LONGWOOD FL 32750. Mailing Address: % STUART K. FURMAN, 104 NICOLE LN, LONGWOOD FL 32750.

DO NOT WRITE IN THIS SPACE

Principal Place of Business, Suite, Apt. #, etc., City & State, Zip, Country, 2a. Mailing Address, 26, 27, 28, 29, 30.

3. Date Incorporated or Qualified: 01/19/1990. 4. FEI Number: 59-2985261. 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: FURMAN, STUART K., 104 NICOLE LN, LONGWOOD FL 32750.

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code.

I, 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

Table with columns: OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include fields for name, title, street address, city-street, zip.

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 checked, or on an attachment with an address.

SIGNATURE: [Signature] 7/16/99 407-332-7913 Date Daytime Phone #

CR2E094 (5/98)

Date	Prepared By	Work Paper No
	Reviewed By	

7/16/99

MR Shawn Toner:

Richard in the phone section of your department told me that you would straighten out the problem with my Annual Report. I never received the original Annual Report as I have in the past years. When I called about this, I was told to send a check for \$150.- & an explanation attached to the form; which I did. Please handle this matter so that my corporation is in good standing.

Sincerely yours

Shawn Toner

407-332-7913