FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90046 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000014251

1. Corporation Name

WICHAEL	L B. AUSTIN, DU P.A.						
Principal Place	of Business	Ма	iling Address				T (BRITA DI TORING AND TORING AND THE
	410 CLEARVIEW DR 7410 CLEARVIEW DR AMPA FL 33634 TAMPA FL 33634						
							DO NOT WRITE IN THIS SPACE
	•						3. Date Incorporated or Qualifed 12/28/1992
2. Principal Pl	lace of Business	2a.	2a. Mailing Address				4. FEI Number Applied For
21		26	26				59-3157906 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22			للمسار يساف سوالموفي بالسيف			٠	5. Certificate of Status Desired
City & State	θ .	28	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country		Žip	Cour	ntry		8. This corporation owes the current year Intangible
24	25	29	[3	30			Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Cu	rrent Regis	ered Agent				10. Name and Address of New Registered Agent
11. Pursuant office or ragent. I a	D, BUDDY D N. MACDILL AVENUE PA FL 33609 to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	tata of Eloric	a. Such change was all	s, the at	nν	City	Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code Corporation submits this statement for the purpose of changing its registered location's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registere	d agent and title i	applicable. (NOTE: F	Registered	Agen	nt signature re	required when reinstating) DATE
12.	OFFICER	S AND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D.		☐ DELETE	1,1 TIT	LÉ		☐ Change ☐ Additi
NAME	AUSTIN, MICHAEL B			1.2 NA	ME		!
STREET ADDRESS	7410 CLEARVIEW DR 13			1.3 ST	REET	TADDRESS	
CITY-ST-ZIP	TAMPA FL 33634			1.4 CIT	ry-s	T-ZIP	, , , , , , , , , , , , , , , , , , ,
TITLE			☐ DELETE	2.1 TIT	ΊE		☐ Change ☐ Additi
NAME				2.2 NA	ME		
STREET ADDRESS				2.3 ST	REE1	TADDRESS	
CITY-ST-ZIP	_ , _ , _ ,			2, 4 CF	TY-S	ST-ZIP	
TITLE		· · ·	☐ DELETE	3.1 TITLE			Change Additi
NAME				3.2 NAME		Į	
STREET ADDRESS				3.3 ST	REET	T ADDRESS	•
CITY-ST-ZIP	_					ST-ZIP	
TITLE			☐ DELETE	4.1 TIT			Change Additi
				4 2 11			

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 607, 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.

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

CITY-ST-ZIP

TITLE

☐ DELETE

☐ DELETE

(813)886-3303

Change

Addition

☐ Addition