Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90212 022 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400060566

1. Corporation Name

MILLIE J	IANE SLOAN, P.A.							
Principal Place	e of Business	Mailing Address				18118 ettis 80181 ettis	A Mercia ders 1001	
9569 WEST BERRY LANE CRYSTAL RIVER FL 34428 9569 WEST BERRY LANE CRYSTAL RIVER FL 34428				•	DO NOT WRITE IN 1	THIS SPACE		
					3. Date Incorporated or Qualifed 08/11/1994			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For	
21				:	59-3271841	No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired		Additional equired	
City & State	е ,	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Feess	
Zip Country Zip 24 25 29 30			Country	<i>'</i>	This corporation owes the current year Personal Property Tax.	☐ Yes	ĽNo.	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent		
~ ~	AAL 840 115 1		81	Name			ţ	
SLOAN, MILLIE J 9569 WEST BERRY LANE			82		Address (P.O. Box Number is Not Acceptable)			
CHY	STAL RIVER FL 34428	•	83	1			ļ	
			84	City		FL 85 Zip	Code	
office or re agent. I ai SIGNATURE	egistered agent, or both, in the State or in familiar with and accept the obligation Signature, typed or printed name of registered agent	ons of, Section 607.0505, Florida	Statutes	3,	uired when reinstating) DAT	E		
12.	. OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO		
TITLE	D	☐ DELETE 1.1 T				Change	Addition	
NAME			1.2 NAME					
STREET ADDRESS			1.3 STREE	TADDRESS			ſ	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428		1.4 CITY-S	T-ZIP				
TITLE	DELETE 2.1 TI		2.1 TITLE			☐ Change	☐ Addition	
NAME			2.2 NAME		•			
STREET ADORESS		· · · · · · · · · · · · · · · · · · ·	2.3 STREE	T ADDRESS	e de la companya de l	,24.0		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		Change	Addition	
TITLE		. DELETE	3.1 TITLE			☐ Change	☐ Addition	
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STREET ADDRESS	}			TADDRESS			į	
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CITY-ST-ZIP				ST-ZIP		☐ Change	☐ Addition	
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NAME *				T ADDRESS				
STREET ADDRESS			5.4 CITY-S	1			}	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change	Addition	
TITLE		ے محدداد	CONAME					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR