


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

0046792

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000063587
 1. Corporation Name
9401 WAYPOINT PLACE, INC.

99 APR 23 11:11:00



Principal Place of Business: **9401 WAYPOINT PLACE INC JACKSONVILLE FL 32216 US**
 Mailing Address: **9401 WAYPOINT PL JACKSONVILLE FL 32216 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/30/1996**

4. FEI Number: **59-3397313**

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 Tax: Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

THOMMI, THOMAS
9401 WAYPOINT PLACE INC
JACKSONVILLE FL 32216

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

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMMI, THOMAS	12 NAME	100002920021--8
STREET ADDRESS	9401 WAY POINT PLACE	13 STREET ADDRESS	-06/30/99--01083--021
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	****150.00 ****150.00
TITLE	S	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KYPURAMBATH, GRACE	22 NAME	
STREET ADDRESS	9401 WAY POINT PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	100002920021--8
13 STREET ADDRESS	-06/30/99--01083--021
14 CITY-ST-ZIP	****150.00 ****150.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Thomas Thommi MD, President Date: 4/30/99

CR2E034 (11/98)

Thomas Thommi MD
(Board certified Internal Medicine & Gerontology)
9401 Way Point place
Jacksonville
FL 32257

904 733 6677

2

6/15/99

Division of corporations
PO Box 6327
Tallahassee
FL 32314

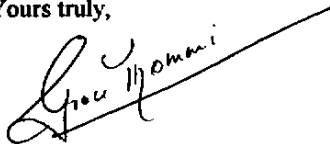
Dear Sir

RE: CORPORATE ANNUAL REPORT / FOLLOW UP TO CONVERSATION WITH SHAWN GREEN

As per our conversation I am sending the report along with the check; I am not sure at this point why the post office send the original mailer back to me. Also attached is a letter from our accountant as to the date this document was prepared.

Thank you for not charging us the added penalty.

Yours truly,



Grace Thommi

Enc.