

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90081 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000043746

1. Corporation Name
JOHN ALBERT SOLAKIAN, P.A.



Principal Place of Business
ANTARCTIC CIRCLE
FL 34112

Mailing Address
3529 ANTARCTIC CIRCLE
NAPLES FL 34112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/13/1998

4. FEI Number
65-0834840

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

| | | | |
|---|----|---|----|
| Principal Place of Business 243 Pine Valley Cir | 26 | 2a. Mailing Address 243 Pine Valley Cir | 27 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Naples, FL | 28 | City & State Naples, FL | 29 |
| Zip 34113 | 25 | Country Collier | 30 |

SOLAKIAN, JOHN A
3529 ANTARCTIC CIRCLE
NAPLES FL 34112

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
243 Pine Valley Cir

83

84 City
Naples

85 Zip Code
FL 34113

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------|---|---|--|
| <input type="checkbox"/> DELETE | SOLAKIAN, JOHN A 3529 ANTARCTIC CIRCLE NAPLES FL 34112 | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE | | 1.2 NAME | |
| <input type="checkbox"/> DELETE | | 1.3 STREET ADDRESS | 243 Pine Valley Cir |
| <input type="checkbox"/> DELETE | | 1.4 CITY-ST-ZIP | Naples, FL 34113 |
| <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE | | 2.2 NAME | |
| <input type="checkbox"/> DELETE | | 2.3 STREET ADDRESS | |
| <input type="checkbox"/> DELETE | | 2.4 CITY-ST-ZIP | |
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| <input type="checkbox"/> DELETE | | 6.2 NAME | |
| <input type="checkbox"/> DELETE | | 6.3 STREET ADDRESS | |
| <input type="checkbox"/> DELETE | | 6.4 CITY-ST-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)