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

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90125 027 ***150.00

DOCUME	ENT #	P98000060280
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1. Corporation Name

JOHN F. KATTMAN, P.A.

Principal Place	Place of Business Mailing Address					1				
920 SAN MARCO BLVD 1920 SAN MARCO BLVD						}				
ACKSONVILLE FL 32207 JACKSONVILLE FL 32207						DO A	OT WRITE IN THE	S SPACE		
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				1
						07/01/1998	accento 4			(
0 0 0 0 0 0	(Dunio	2a. Mailing Address				4, FEI Number		I An	plied For	1
2. Principal Pi	<u>⊢</u> , ·	alling Address			59-33	19089	├ ─ ┼ ─	t Applicable	1	
1	#	Suite Apt # etc	Suite, Apt. #, etc.					\$8.75		1
7						5. Certificate of Status D	esired	Fee Re		
City & State		27 City & State			S. Floation Campaign Fi	nancino	\$5.00	May Ro	1	
-	2	├ ─¬				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				1
23 Zin	Country	Zip	Zip Country			This corporation owes the current year Intangible				1
· · · · · · · · · · ·		29	⊢ ¬ '			Personal Property Ta	=	Yes	No	1
4	9. Name and Address of Curren		(30)			10. Name and Address		Agent	/	1
	9. Name and Address of Current	registered Agent		81	Name					1
KATT	MAN, JOHN F									-
	SAN MARCO BLVD			82	Street A	ddress (P.O. Box Number is No	t Acceptable)			ĺ
	SONVILLE FL 32207			83						1
UACI	OCHVILLE I E SEZOI			03						ļ
				84	City			85 Zip (Code	[
	to the provisions of Sections 607.050				<u> </u>		FI			-{
SIGNATURE	m familiar with, and accept the obligat					quired when reinstating)	DATE			ءِ ا
12.	OFFICERS AN		13.			ADDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTO	RS IN 12] 3
TITLE	PSTD	☐ DELETE	1.1 77	1.1 TITLE				☐ Change	Addition	100
NAME	KATTMAN, JOHN F		1.2 N	1.2 NAME						1 2
STREET ADDRESS	1920 SAN MARCO BLVD		1.3 \$7		ADDRESS					1 6
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 CI	1.4 CITY-ST-] 6
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CITY-ST-ZIP TITLE		DELETE	6.1 TI					Change	Addition	1
			6.2 N	AME	J			·		
NAME					TADDRESS					1

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.

64 CITY-ST-ZIP

SIGNATURE: