## 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 # S20442 1. Corporation Name

JOHNSO	N & MENZEL, CPAS, PA									
Principal Place	of Business	Mailing Address			<del></del>	1	a immilimist tim ilmit miðirr drætt miði	# 11ML BIBIT #1		
2965 BEE RIDG	E RD	2965 BEE RIDGE RD								
STE B STE B							DO NOT WEIT	E IN THIS	SPACE	
SARASOTA FL 34239 SARASOTA FL 34239							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
US		US '				3.	·			
		O. M. Sine Address					12/01/1990 FEI Number		Δn	plied For
2. Principal Place of Business 2a. Mailing Address						4.	59-3038392		<del></del>	t Applicable
21 26 Suite Ant # cto						╁	<u> </u>		\$8.75	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5.	Certifcate of Status Desired		Fee Re	
22 27 City & State City & State						+-	El ation O annulus Einstein		\$5.00	
City & State	<b>├</b> ── `	, a state			6.	Election Campaign Financing Trust Fund Contribution		Added t		
23			Country			+-	This corporation owes the curre	et voor Int		
Zip		·	30	10. 3		8.	Personal Property Tax.	nt year mic	Yes	□No
24	9. Name and Address of Current		3U  [	-		10	Name and Address of New Re	agistered		
<u>.                                    </u>	9. Name and Address of Current	. Registered Agent		81	Name					
JOH	NSON, WILLIAM D.		L							
	BEE RIDGE RD			82	Street Addre	ess (P	O. Box Number is Not Acceptat	yle)		{
STE B				83						
SARASOTA FL 34239			1	"						
Ortiz	ACCIATE CAECO		Ī	84	City			FL	85 Zip (	Code
	to the provisions of Sections 607.0502				L		is the same of the		shanaisa ite	registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	itnorizea	DΥ	the corporatio	n's bo	pard of directors. I hereby accept	the appoir	ntment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered (	Agen	nt signature required	when n	reinstatino)	DATE		
12.	OFFICERS ANI		13.		,		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1,1 TIX	LÉ	- <del>-</del> -				Change	☐ Addition
NAME	JOHNSON, WILLIAM D.		1,2 NA	ΜE						
STREET ADDRESS	2965 BEE RIDGE RD STE B		1351	1.3 STREET ADDRESS						ļ
	SARASOTA FL		•		CITY-ST-ZIP					
CITY-ST-ZIP	D			2.1 TITLE					Change	☐ Addition
				2.2 NAME						
NAME	HEIGHER, WITH EN, WITH			2.3 STREET ADDRESS			<b>-</b>		* -	Į.
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NAME	, ,		5.2 NA		T 4 DDDC00					į
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TITLE				ΤΕ					☐ Change	Addition
NAME			6.2 NA	}					ļ	
STREET ADDRESS			6.3 ST	REET	TADDRESS					l

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.

6.4 CITY-ST-ZIP

SIGNATURE:

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90025 050 \*\*\*150.00