Jun 16, 1999 8:00 am Secretary of State

06-16-1999 90015 029 ***550.00

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 # 464618

1. Corporation Name

STREET ADDRESS

WYSOCK AND LOWENBERG, P. A.

e or Business	Mailing Address						
4605 US 19 NEW PORT RICHEY FL 34652		4605 US 19 NEW PORT RICHEY FL 34652			DO NOT WRITE IN THIS	SPACE	
•					·		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
lace of Business	<u> </u>				59-1565779	<u> </u>	t Applicable
<u> </u>							
					5. Certifcate of Status Desired	Fee Re	,
					6 Election Campaign Financing —	\$5 00	May Re
——————————————————————————————————————					Added 1		
Country	Zip					angible	
<u></u>	29	30			Personal Property Tax.	ŬYes	□No
		11	\top		10. Name and Address of New Registered	Agent	
WYSOCK, PAUL A 4605 US 19			81	Name			
			93 Charat Address /D.O. Boy Number is Not Assentable)				
			82 Street Addr		gress (P.O. Box Number is Not Acceptable)		
NEW PORT RICHEY FL. 34652			83				
			84	City	FI	85 Zip	Code
to the provisions of Sections 607.05	502 and 607 1508 Flori	da Statutes, the	above	-named cor	poration submits this statement for the nurnose of	changing its	registered
registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such chan gations of, Section 607.	ge was authoriz 0505, Florida St	ed by a tutes.	the corporat	tion's board of directors. I hereby accept the appoi	ntment as re	egistered
	_						
		<u> </u>		l signature requii	To will remove any	ID DIDECTO	NDC IN 10
				· ·	ADDITIONS/CHANGES TO OFFICERS AN		Addition
1	ا ا					_] Change	
· ·							
	_	•		1			
				-ZIP			ET A LEC
LOWENBERG, TED V			TITLE			Change	Addition
			2.2 NAME				
ss 4605 US HWY 19 235			STREET	ADDRESS			
			4 CITY-S	T-ZIP		<u>.</u>	
17			TITLE]		Change	Addition
			NAME				
4605 US HWY 19		3.3	STREET	ADDRESS			
NEW PORT RICHEY, FL00000			CITY-S	T-ZIP			
☐ DELETE 4.11			4.1 TITLE			Change	☐ Addition
		4. :	2 NAME	1			
		4.3	STREET	ADDRESS			
		4.4	CITY-ST	-ZIP	<u></u>		
		ELETE 5.1	TITLE			☐ Change	☐ Addition
		5.2	NAME				
.		5.3	STREET	ADDRESS			
1		I					
1		5.4	CITY-ST	-ZIP			
			TITLE	-ZIP		Change	Addition
	Chey FL 34652 Place of Business #, etc. e Country 25 9. Name and Address of Curro COCK, PAUL A 5 US 19 / PORT RICHEY FL 34652 to the provisions of Sections 607.05 egistered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A SD WYSOCK, PAUL A 4605 US HWY 19 NEW PORT RICHEY, FL00000 PD LOWENBERG, TED V 4605 US HWY 19 NEW PORT RICHEY, FL00000 TD GUMBINER, HAL R. 4605 US HWY 19	Acce of Business Iace of Business Iace of Business In the control of the provisions of Sections 607.0502 and 607.1508, Floring a grant and title if applicable. OFFICERS AND DIRECTORS SD WYSOCK, PAUL A 4605 US HWY 19 NEW PORT RICHEY, FL00000 TD GUMBINER, HAL R. 4605 US HWY 19 NEW PORT RICHEY, FL00000 D NEW PORT RICHEY, FL00000 D OGUMBINER, HAL R. 4605 US HWY 19 NEW PORT RICHEY, FL00000	A605 US 19 NEW PORT RICHEY FL 34652 Lace of Business Za. Mailing Address Za. Suite, Apt. #, etc. Za. City & State Za. Country Zip	Hey FL 34652 4805 US 19 NEW PORT RICHEY FL 34652 Address	According to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named coregistered agent, or both, in the State of Florida. Such change was authorized by the corporal marmillar with, and accept the obligations of Section 607.0505, Florida Statutes, the above-named coregistered agent, or both, in the State of Florida. Such change was authorized by the corporal marmillar with, and accept the obligations of Section 607.0505, Florida Statutes. Signature, typed or prinied name of registered agent and title if applicable. (NOTE: Registered Agent agreture required to the provisions of Section 607.0505, Florida Statutes.) Signature, typed or prinied name of registered agent and title if applicable. (NOTE: Registered Agent agreture required to the provisions of Section 607.0505, Florida Statutes.) Signature, typed or prinied name of registered agent and title if applicable. (NOTE: Registered Agent agreture required to the provisions of Section 607.0505, Florida Statutes.) Signature, typed or prinied name of registered agent and title if applicable. (NOTE: Registered Agent agreture required to the provisions of Section 607.0505, Florida Statutes.) Signature, typed or prinied name of registered agent and title if applicable. (NOTE: Registered Agent agreture required to the provisions of Section 607.0505, Florida Statutes.) Signature, typed or prinied name of registered agent and title if applicable. (NOTE: Registered Agent agreture required for the provisions of Section 607.0505, Florida Statutes.) Signature, typed or prinied name of registered agent and title if applicable. (NOTE: Registered Agent agreture required for the provisions of Section 607.0505, Florida Statutes.) Signature, typed or prinied name of registered agent or the provisions of Section 607.0505, Florida Statutes. Signature, typed or prinied name of registered agent or the provisions of Section 607.0505, Florida Statutes.	A605 US 19 NEW PORT RICHEY FL 34652 DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 11/05/1974 4. FEI Number 59-1565779 #, etc. 27 Suite, Apt. #, etc. 27 Country 28 Country 29 30 Name and Address of Current Registered Agent 10. Name and Address of Current Registered Agent 10. Name and Address of New Registered 38 SUS 19 PORT RICHEY FL 34652 82 Sireet Address (P.O. Box Number is Not Acceptable) PORT RICHEY FL 34652 84 City FL 15 Sireet Address (P.O. Box Number is Not Acceptable) 85 Signature, howed or present came of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint familiar with, and accept the obligations of, Section 807.0505, Florida Statutes. Signature, howed or present came of registered agent and title if applicable. OFFICERS AND DIRECTORS SD WYSOCK, PAUL A 4605 US HWY 19 DELETE 1.1 TITLE 22 NAME 4605 US HWY 19 NEW PORT RICHEY, FL00000 DELETE 2.1 TITLE 22 NAME 4605 US HWY 19 NEW PORT RICHEY, FL00000 DELETE 3.1 TITLE 3.2 NAME 4.3 STREET ADDRESS 4.4 CTT: 51-2P 1.5 NAME 4.5 STREET ADDRESS 5.5 NAME 4.5 STREET ADDRESS 5.5 NAME 5.5 STREET ADDRESS 5.5 STREET ADDRESS 5.5 NAME 5.5 STREET ADDRESS 5.5 STRE	HEY FL 34652 #805 US 19 NEW PORT RICHEY FL 34652 #806 US 19 19 BO NOT WRITE IN THIS SPACE #8 close of Business Za, Mailing Address A. FEI Number A. FEI Number S. 59-1656779 N. M. FEI Number S. 59-1656779 N. M. FEI Number Fee R. FEI Number Fe

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP