

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90144 014 ***150.00

DOCUMENT # 511548

1. Corporation Name

N. DAVID KORONES, ATTORNEY AT LAW, P.A.

Principal Place of Business

26750 US 19 N
104
CLEARWATER FL 34621
US

Mailing Address

1245 COURT ST.
SUITE 104
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1976

4. FEI Number

59-1687247

Applied For

Not Applicable

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 2725 PARK DRIVE
Suite, Apt. #, etc.

26 SAME
Suite, Apt. #, etc.

22 #3

27

City & State

City & State

23 CLEARWATER, FL

28

Zip Country

Zip Country

24 33763

25 PINELLAS

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KORONES, N. DAVID
26750 US 19 N
SUITE 104
CLEARWATER FL 34621

81 Name

N. DAVID KORONES

82 Street Address (P.O. Box Number is Not Acceptable)

2725 PARK DRIVE, #3

83

CLEARWATER, FL 33763

84 City

CLEARWATER

FL

85 Zip Code

33763

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

AS PRESIDENT

4/27/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS
NAME KORONES, N. DAVID
STREET ADDRESS 26750 US 19 N., SUITE 104
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE PS
1.2 NAME KORONES, N. DAVID
1.3 STREET ADDRESS 2725 PARK DRIVE #3
1.4 CITY-ST-ZIP CLEARWATER, FL 33763

TITLE TD
NAME KORONES, N. DAVID
STREET ADDRESS 26750 US 19 N., SUITE 104
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE TD
2.2 NAME KORONES, N. DAVID
2.3 STREET ADDRESS 2725 PARK DRIVE #3
2.4 CITY-ST-ZIP CLEARWATER FL 33763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE: SIGNATURE: DAVID KORONES, AS PRESIDENT

4/27/99

727-724-1011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0416929