FILED

Apr 06, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 553287

1. Corporation Name

Harry 	K. ANDERSON, JR., P.A.							1 1 1 1 1 1 1 1	 	6)	0)0))))) ())))	8 1811 1881
Principal Place of Business			Mailing Address										
225 E ROBINSON ST													
ORLANDO FL 32801								DO NOT WRITE IN THIS SPACE					
US							Ì	3. Date Incorpo		fed			-
2 Principal P	lace of Business	13-	Mailing Address				\longrightarrow	12/01/197 4. FEI Number					
· ·	Place of Business Orange Avenue 2a. Mailing Address 2b. Orange 27 N. Orange					enne	,	59-177888)E		<u> </u>	Applie	
Suite, Apt.								39-1//000	<u> </u>		\$8.7		oplicable
22 Suite							ł	5. Certifcate of Status Desired			Fee Required		
City & Stat	.0	City & State : C	tu & State : C				6. Election Carr	paign Financi	ng	\$5.0	0 ма	v Be	
	do, Florida 28 Orlando, Flor							Trust Fund Contribution Added to Fees					
Zip	Country		Zip	Cour	•		{	8. This corporat	tion owes the	current year li		_	[
24 32801		29		(O)	ra	inge		Personal Pro			[ŽlYes		No
9. Name and Address of Current Registered Agent 81 Na								10. Name and A	ddress of Ne	w Registered	Agent		——
AND	ERSON, HARRY K., JR.				ا"	Name							Ì
225 E ROBINSON ST					82			s (P.O. Box Numt		eptable)			
STE 505, LANDMARK CENTER II					83			<u>Orange A</u>	venue				
ORLANDO FL 32801					3	Suit	ce .	300					ĺ
)				Ţ	84	City Orla	nd.			FI	85 Zi	p Cod	e 0.7
11. Pursuant	to the provisions of Sections 607.0502	and 60	07.1508. Florida Statutes	the ab					statement for				
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida	 Such change was aut 	horized	by 1	the corpo	ration's	s board of director	rs. I hereby ac	cept the appo	ointment as	regist	ered
SIGNATURE	and dosopt the goingale	,,,	2000011 207 10000; 7 10110	-11 01010									
SIGNATURE	Signature, typed or printed name of registered agent a	and title if	applicable. (NOTE: R	egistered /	Agent	t signature re	quired wi	nen reinstating)		DATE			
12.	OFFICERS AND	DIREC		13.				ADDITIONS/C	HANGES TO	OFFICERS A			
TITLE	PD.		☐ DELETE	1.1 TITE		J					Chang	е [Addition }
NAME	ANDERSON, HARRY K, JR												
								N. Oran			uite	300) }
CITY-ST-ZIP	ORLANDO FL 32801			1.4 CIT		-ZIP	Or:	lando, F	lorida	32801			
TITLE			DELETE	2.1 TITL							Chang	e [Addition
NAME				2.2 NAM	-	ļ							İ
STREET ADDRESS						ADDRESS							J
CITY-ST-ZIP			DELETE	2. 4 CIT		r-ZIP					- C Chang	- r	"I Addition
TITLE NAME			☐ AETEIE	3.1 TITU 3.2 NAA		ļ					Change	e [Addition
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP					3.3 STREET ADDRESS 3.4. CITY-ST-ZIP								}
TITLE					1.1 TITLE						☐ Chang	е Г	Addition
NAME				4. 2 NA		1					—, .	-	_ :=:::::::::::::::::::::::::::::::::::
STREET ADDRESS						ADDRESS							{
CITY-ST-ZIP				4.4 CITY									
TITLE			☐ DELETE	5.1 TITL							☐ Change	e [Addition
NAME				5.2 NAM							_ •	_	_

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 13 if changed or one of the receiver of the corporation of the receiver of trustee empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME

□ DELETE

Change

Addition