

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 90005 039 ***150.00

DOCUMENT # 600908

1. Corporation Name

STANLEY M. WIENER M D P A

Principal Place of Business

1257 S TAMiami TRAIL
2ND FLR. SUITE 1257
SARASOTA FL 34239-2208
US

Mailing Address

1257 S TAMiami TRAIL
2ND FLR. SUITE 1257
SARASOTA FL 34239-2208
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1969

4. FEI Number

59-1234550

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

21 839 Siesta Key Circle

Suite, Apt. #, etc.

22

City & State

23 SARASOTA FL

Zip Country

24 34242 25 SARASOTA

2a. Mailing Address

26 839 Siesta Key Circle

Suite, Apt. #, etc.

27

City & State

28 SARASOTA FL

Zip Country

29 34242 30 SARASOTA

9. Name and Address of Current Registered Agent

WIENER, STANLEY M
1257 S. TAMiami TRAIL
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name SAME

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

83 839 SIESTA KEY CIRCLE

84 City

SARASOTA

FL

85 Zip Code 34242

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

Stanley M. Wiener

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/99

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME WIENER, STANLEY M
STREET ADDRESS 1257 S TAMiami TR
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME ☒ Change ☐ Addition

1.2 NAME SAME

1.3 STREET ADDRESS 839 Siesta Key Circle

1.4 CITY-ST-ZIP Sarasota, FL 34242

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: *Stanley M. Wiener*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

2/18/99

Daytime Phone #

CR2E034 (11/98)