

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
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90074 006 ***150.00

DOCUMENT # 642977

1. Corporation Name
MYRON J. MENSCH, P.A.

Principal Place of Business

111 SECOND AVE N.E.
STE 620
ST. PETERSBURG FL 33701
US

Mailing Address

111 SECOND AVE N.E.
STE 620
ST. PETERSBURG FL 33701
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1979

4. FEI Number

59-1937931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

21 111 - 2 Ave. N. E.

Suite, Apt. #, etc.

22 Suite 610

City & State

23 St. Petersburg, FL

Zip

24 33701

Country

2a. Mailing Address

26 111 - 2 Ave. N. E.

Suite, Apt. #, etc.

27 Suite 610

City & State

28 St. Petersburg, Florida

Zip

29 33701

Country

30

9. Name and Address of Current Registered Agent

MENSCH, MYRON J.
111 SECOND AVE N.E.
STE 620
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

Mensch Myron J.

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

111 - 2 Ave. N. E.

83

Suite 610

84 City

St. Petersburg

FL

85 Zip Code

33701

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

Myron J. Mensch

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME MENSCH, MYRON J
STREET ADDRESS 111 SECOND AVENUE, N.E., STE 620
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PD ☒ Change ☐ Addition
1.2 NAME MENSCH, MYRON J.
1.3 STREET ADDRESS 111 - 2 Ave. N.E., Ste. 610
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33701

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:

Myron J. Mensch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99
Date

(727) 822-2200
Daytime Phone #

CR2E034 (11/98)

0404391