Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90004 019 \*\*\*150.00

## 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 # 692571

1. Corporation Name

LAURENCE J. PINO, P.A.

Principal Place	e of Business		Maising Address							
255 S ORANGE AVE			P.O. BOX 1511				i i			
6TH FLOOR			ORLANDO FL 32802							
ORLANDO FL 32801			U\$			DO NOT WRITE IN THIS SPACE				
U\$							3. Date Incorporated or Qualifed			j
							06/30/1981			
2. Principal P	lace of Business		2a. Mailing Address				4. FEI Number			ried For
21			26				59-21 <u>27515</u>			t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22							5. Certile the bi citates Besiles		Fee Re	ec uired
City & State			City & State				6. Election Campaign Financing		\$5.00	May Be
23			28				Trust Fund Contribution		Added t	tc Fees
Zip Country			Zip Co				8. This corporation owes the curre	nt year nta	angible	
4	25		29	30			Persor at Property Tax.		Yes	[]No
	9. Name and Addr	ess of Current I	Registered Agent				10. Name and Address of New Re	gistered /	Agent	
					81	Name				
PINO, LAURENCE JAMES							The second secon	1-1		
255	S ORANGE AVE., 6			82	Street At	dress (P.O. Box Number is Not Acceptat	n <del>e</del> )		]	
ORL	ANDO FL 32801		83							
						l				
					84	City		FL	85 Zip 0	Code
44	to the consistence of Co	etione 007.0500	and 607 1500 Elorida Stati	loc the a	boye	named cc	rporation submits this statement for the p	–	changing its	ragistered
office or n	egistered agent, or bo.	<ul> <li>h. in the State of</li> </ul>	Florida. Such change was ns of, Section 607.0505, Fl	authorized	i by i	the corpora	tion's board of cirectors. I hereby accept	the aproir	itment as re	g stered
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOT :: R						t signature requ	ired when reinstating)	DATE	O DIDECTO	VE.C. IN 142
12.		OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	CERS /IN		Addition
TITLE	PTD	_	☐ DELETE	1,1 11	ΠE				Change	
NAME	PINO, LAURENCE			1.2 N	AME.					
STREET ADDRESS	255 S ORANGE A	ve., 6th floo	R	1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL			1.4 CI	TY-S1	r-zip				
TITLE	<u> </u>		☐ DELETE	2.1 TI	TLE				Change	☐ Addition
NAME	WILSON, PATRICIA	A T		22 N	AME					}
STREET ADDRESS	ACC O ODANOC A		R	235	rreet	ADDRESS				
	ORLANDO FL	12, 01111200	,			T-ZIP				
CITY-ST-ZIP	ONLANDO I L		☐ DELETE	3 1 TI		1-214	· <del></del>		Change	Addition
TITLE										
NAME				3.2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP						T-ZIP				
trice			☐ DELETE	4.1 TI					Change	☐ Addition
NAME				4. 2 N	AME					
STREET ADDRESS				4 3 S	FREET	ADDRE\$S				İ
CITY-ST-ZIP				4.4 C	TY-ST	T- ZIP				
TITLE			☐ DELETE	5.1 TI					Change	☐ Addition
NAME				5.2 N	4ME					
				5.3 S	TREET	ADDRESS				
STREET ADDRE 3S					TY-S1					
CITY-ST-ZIP			☐ DELETE	6.1 TI					Change	Addition
TITLE			☐ nereic	6.2 N						
NAME										
ATDEET + BBBE 10	I			■ 6.3 S	TREET	LADDRESS!				I

14. Hereby certify that the informal on 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 signative shall have the same legal effect as if made or derivative or the receiver or trustee empowered to execute this report as recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or the receiver or trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RI RINTED NAME OF SIGNING OFFICE! OR DIRECTOR

LAURENCE J. PINO, ESQ. 4-19.99 4-7-4-5-7851