## 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 # F14299

1. Corporation Name

BRANDON LAW OFFICES OF JAN SOETEN, JR. & ASSOCIA TES, P.A.

Principal Place of Business

Mailing Address

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90180 033 \*\*\*150.00



2119 WEST BRANDON BLVD SUITE #F BRANDON FL 33511			2119 WEST BRANDON BLVD SUITE #F BRANDON FL 33511 .				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed 01/12/1981				]
2. Principal Place of Business			2a. Mailing Address				4. FEI Number			oplied For	Ι,
21			26				59-2070134			ot Applicable	↓ ,
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 Certificate of Status Desired	<del></del>		Additional	
22			7				3. 0			equired	Į I
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution   \$5.00 May Be Added to Fees				
Zip Country			Zip Country 30				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						1
SOETEN, JAN JR 2119 WEST BRANDON BLVD SUITE F BRANDON FL 3351			<del></del>	81	1 1	Name	e				ļ
			^			Street Address (P.O. Box Number is Not Acceptable)				1	
			$\left( \cdot \right)$		3					·	1
				84		City	FI   1 '		1 1 '	Code	1
11. Pursuant to the provisions of Sections 507.0502 and 507.1508, Florida Statutes, to office or registered agent, or bottl, in the State of Florida. Such change was authoragent. I am familiar with, and accept the officiations of Section 607.0505, Florida						named corpore	ration submits this statement for the purp i's board of directors. I hereby accept the	ose of o	changing its	s registered egistered	1
agent. I a	m familiar with, and accept the colligation	ons of Ga	ction 607.0505, Florida	a Statute:	S.						
SIGNATURE	Signature, typeg or printed name of registered agent	and title illean	licable (NOTE: Re	nistered Ans	ent si	gnature required	when reinstating)	ATE		****	۱ -
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICE	RS ANI	DIRECTO	ORS IN 12	8
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]	SDANDAN SI			1.4 CITY-5							5
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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 of 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 of 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 chapted, or on an attachnie it with an abdress, with all other like empowered.

**SIGNATURE** 

THE AND TYPED OR PRINTED, NAME OF SIGNING OFFICER OR DIRECTO

4-7-99 813/685-2505

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