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 # F36794

1. Corporation Name

B. J. HELLER, P.A.

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90064 042 ***150.00



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Principal Place	e of Business	Mailing Address		I IMBIIM LINE eilte Bitill (Ellin imit) mini mini	41411 61611 4	1811 61811 1881
116 E. CONCOR		116 E. CONCORD ST.				
C/O B. J. HELL		C/O B. J. HELLER				
ORLANDO FL 32801 ORLANDO FL 32801				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				06/01/1981		Cod For
2. Principal P	lace of Business	2a. Mailing Address	PARK AUG	4. FEI Number		plied For
21 273	W. PARK AVE	<u> </u>	PARK AUE	59-2126842		t Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22 SU	11TE 101	27 <u>50 [18 /0</u>				<u>-</u>
City & State City & State			מש בו	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 <i>W) /</i> / Zip	Country		Country	8. This corporation owes the current year I	_	9,555
— <u> </u>	89 25 U.SA	29 32 789 30	7 7 7	Personal Property Tax.	Yes	□No
24 321	9. Name and Address of Current		0.51	10. Name and Address of New Registere	d Agent	
			81 Name	BILLIED		
HELL	LER, B. J.			U.S. AECCER	_	
116	E. CONCORD ST.		82 Street Addre	ess (P.O. Box Number is Not Acceptable) W. PARK AVENUE		[
ORL	ANDO FL 32801		83		_	_
			501	TE 101		
			84 City WINT	ER PARK F		4 187
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above named corn	protion cubmits this statement for the nurnose	of changing its	registered
office or r	registered agent, or both, in the State o im familiar with, and accept the obligati	of Florida. Such change was auth ions of, Section 607,0505, Florida	orized by the corporation Statutes.	n's board of directors. I hereby accept the app		
SIGNATURE	MARINE	PRIHELLER.	PRESIDENT	, REGISTERE D'AGENTS	4-5-	.99
SIGNATURE	Signature, typed or printed name of registered agent		gistered Agent signature required	when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PSD	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	HELLER, B J		1.2 NAME			
STREET ADDRESS	116 E. CONCORD STREET		1.3 STREET ADORESS			-
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		- Character	M Addition
TITLE	į	- 🗆 DELETE	2.1 TITLE		· Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		₩ , ≈	2.4 CITY-ST-ZIP	<u> </u>	· · ·	
TITLE		DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			}
CITY-ST-ZIP_			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			ļ
STREET ADDRESS	1		4.3 STREET ADDRESS			j
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			,
STREET ADDRESS	1		5.3 STREET ADDRESS			}
Crty-St-zip			5.4 City-St-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME	•		į
	[6.3 STREET ADDRESS			ļ
XIKHE DININF	(4) 1 N. A. I. L. 25 V2 1					

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: