

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 26, 1999 8:00 am
Secretary of State

02-26-1999 90039 007 ***150.00

0070380

DOCUMENT # F61014

1. Corporation Name

DENNIS J. D'ERAMO, D.C., P.A.

Principal Place of Business

500 E HWY 434
LONGWOOD FL 32750

Mailing Address

500 E HWY 434
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1982

4. FEI Number

59-2182472

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

9. Name and Address of Current Registered Agent

D'ERAMO (DENNIS J.)
500 E HIGHWAY 434
LONGWOOD FL 32750-2222

10. Name and Address of New Registered Agent

81 Name D'ERAMO (DENNIS J.)

82 Street Address (P.O. Box Number is Not Acceptable)
797 NORTH S.R. 434

83

84 City ALTAMONTE SPRINGS FL 85 Zip Code 32714

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 *Dennis J. D'ERAMO* *DJP*

1-26-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME D'ERAMO, DENNIS J.
STREET ADDRESS 17138 PICKETTS COVE RD
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME D'ERAMO, DENNIS J.
1.3 STREET ADDRESS 675 FLORIDA AVE
1.4 CITY-ST-ZIP OVIEDO, FL 32765

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)