FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H33349

1. Corporation Name

Principal Place of Business

JOHN E. KASSOS, P.A.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90047 014 ***150.00



P.O. BOX 410	BLVD.	2205 TYRONE BLVD.					
ST. PETERSBURG FL 33743 P.O. BOX 41050 ST. PETERSBURG FL 33743			40~				
	0.10 12 00 10	SI. PETENSBURG PL 3376	43		DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualified		
2. Principal	Place of Business	2a. Mailing Address	_ ·		12/10/1984		
21		26 26			4. FEI Number		Applied For
Suite, Ap	t. #. etc.	Suite, Apt. #, etc.			59-2474927		Not Applicable
22		27	_		5. Certifcate of Status Desired	•	Additional Required
City & Sta	ate	City & State			6. Election Campaign Financing		D May Be
23		28			Trust Fund Contribution	-	to Fees
Zip			Country		8. This corporation owes the current ye		
24 25 29			30		Personal Property Tax.		
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Regist		
KAS	SOUS TURN E		81	Name			
KASSOS, JOHN E. 5830 BAYSHORE DRIVE NORTH			82	Chant Ad	Addrson (B.O. Boy M		
			oz Street Ad		Idress (P.O. Box Number is Not Acceptable)		
SEN	AINOLE FL 33542		83				
							ļ
			84	City	· · · · · · · · · · · · · · · · · · ·	85 Zip	Code
11. Pursuant	to the provisions of Sections 607 0	1502 and 607 1508. Florida Statut	os the above		poration submits this statement for the purpo	FL S Z	
office or i	registered agent, or both, in the Sta	te of Florida. Such change was a	uthorized by t	he corporat	poration submits this statement for the purpo- ion's board of directors. I hereby accept the a	se of changing it	s registered
	. , , , , , , , , , , , , , , , , , , ,	gations of, Section 607.0505, Flo	rida Statutes.	•	, 1000p. 110	appointment as it	egistered
SIGNATURE	Signature, typed or printed name of registered a						- 1
12.		AND DIRECTORS (NOTE:		signature requir	ed when reinstating) DAT		
TITLE	PST	DELETE	13.	···	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12
NAME	KASSOS, JOHN E.	☐ DETEIE	1.1 TITLE	İ		Change	☐ Addition
STREET ADDRESS	****		1.2 NAME				ļ
	ST PETERSBURG FL		1.3 STREET A	nnpeee!			
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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 supplied ental 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 of 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: