PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H48200**

1. Corporation Name

LANDIS & KANE, P.A.

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Principal Place of Business Mailing Address		Mailing Address	1414		E #2014 BIBAL BIBIC BEBEL BIBEL BIBIL (BBI
		TWO LANDMARK CENTER			
		SUITE 600 225 EAST ROB	inson st.		
ORLANDO FL 32801 ORLANDO FL 32 US US		ORLANDO FL 32801		DO NOT WRITE IN	THIS SPACE
00 .		US		3. Date Incorporated or Qualifed	
2 Principal	Place of Business	On Marine Address	·	03/15/1985	
	Flace of Busilless	2a. Mailing Address	1	4. FEI Number	Applied For
21 Suite, Apr	t # etc	Suite, Apt. #, etc.	·	59-2506354	Not Applicable
22 27				5. Certifcate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country		Added to Fees
24	25	29	30	This corporation owes the current ye Personal Property Tax.	ear intangible ☐Yes ☐No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Regist	
	THE DELLA		81 Nar		or or vident
	IDIS, DAVID M		-		
	O LANDMARK CTR	* 4	82 Stre	eet Address (P.O. Box Number is Not Acceptable)	
	600, 225 E ROBINSON ST		83		And the second s
ORL	LANDO FL 32801		·		
			84 City	,	FL 85 Zip Code
11. Pursuan	t to the provisions of Sections 607.05	i02 and 607 1508. Florida Statute	es the above-nam	ned corporation submits this statement for the purpo	
				orporation's board of directors. I hereby accept the	appointment as registered
CFU agent. I a	am familiar with, and accept the oblig			orporation's board of directors. I hereby accept the	appointment as registered
	am familiar with, and accept the oblig	ations of Section 607.0505, Flor	utnonzed by the co rida Statutes.	orporation's board of directors. I hereby accept the	appointment as registered
CFU agent. I a	am familiar with, and accept the oblig	ations of Section 607.0505, Flor	utnonzed by the co rida Statutes.	orporation's board of directors. I hereby accept the accept the cure required when reinstalling), 13/3 to DA	appointment as registered
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

IRE RECAVIDM DIANDIS

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. 1-6-99

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90003 004 ***150.00

(407) 425-9044

Daytime Phone #