


**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90056 021 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # H60417</b> 1. Corporation Name <b>PERZEL AND LARA, P.A., CPA'S</b>			
Principal Place of Business <b>3711 TAMPA ROAD</b> <b>103</b> <b>OLDSMAR FL 34677</b> <b>US</b>		Mailing Address <b>3711 TAMPA ROAD</b> <b>103</b> <b>OLDSMAR FL 34677</b> <b>US</b>	
2. Principal Place of Business 21 <input type="text"/>		2a. Mailing Address 26 <input type="text"/>	
Suite, Apt. #, etc. 22 <input type="text"/>		Suite, Apt. #, etc. 27 <input type="text"/>	
City & State 23 <input type="text"/>		City & State 28 <input type="text"/>	
Zip 24 <input type="text"/>		Zip 29 <input type="text"/>	
Country 25 <input type="text"/>		Country 30 <input type="text"/>	
9. Name and Address of Current Registered Agent <b>PATRICIA PERZEL</b> <b>3711 TAMPA ROAD, STE 103</b> <b>OLDSMAR FL 34677</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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 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 NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
DP PERZEL, PATRICIA A. 3711 TAMPA RD. STE 103 OLDSMAR FL PRESIDENT		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
Odalys Z. Lara 3711 Tampa Rd. #103 Oldsmar, FL 34677 SECRETARY		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition		7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

06/05/1985

4. FEI Number

59-2555605

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

PATRICIA PERZEL  
 3711 TAMPA ROAD, STE 103  
 OLDSMAR FL 34677

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83

84 City  
 85 Zip Code

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
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1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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2.3 STREET ADDRESS

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3.2 NAME

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3.4 CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99

813-855-4461

Daytime Phone #

CR2E034 (11/98)