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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90170 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J22017

1. Corporation Name

ALBERTA S. WIDMAN, P.A.

Principal Place of Business

119 SOUTH SECOND ST
FT. PIERCE FL 34950

Mailing Address

119 SOUTH SECOND ST
FT. PIERCE FL 34950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1986

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 P.O. Box 12998

Suite, Apt. #, etc.

27 FORT PIERCE FL

City & State

28 Zip

Country

29

34979

30

ST. LUCIE

4. FEI Number

59-2708643

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

KENNEDY, NANCY A
119 S. SECOND ST.
FT. PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name

Widman, Rudolph

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

421 Tranquila Ave

83

84 City

Port St Lucie

FL

85 Zip Code

34983

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

Rudolph Widman

(NOT: Registered Agent signature required when re-registering)

DATE

6-4-99

12. OFFICERS AND DIRECTORS

TITLE

PVS

☐ DELETE

NAME

WIDMAN, ALBERTA S.

STREET ADDRESS

119 S. SECOND ST.

CITY-STATE-ZIP

FT PIERCE FL

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PVS

☒ Change☐ Addition

1.2 NAME

Widman, Alberta S

1.3 STREET ADDRESS

421 Tranquila Ave

1.4 CITY-STATE-ZIP

Port St Lucie, FL 34983

2.1 TITLE

NAME

STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change☐ Addition

3.1 TITLE

NAME

STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change☐ Addition

4.1 TITLE

NAME

STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change☐ Addition

5.1 TITLE

NAME

STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change☐ Addition

6.1 TITLE

NAME

STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change☐ Addition

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 a other like empowered.

SIGNATURE:

Alberta S. Widman Alberta S. Widman

4-26-99

561-878-3186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)