## 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

## DOCUMENT # J67996

1. Corporation Name

LUND A OUR AUROTY DA

LUNDA	O'FLAMERIT, P.A.								
Principal Place	of Rusiness	Mailing Address				-	I INCINI <b>a d</b> ina dinin n <mark>ijin idina yo</mark> ha dina ah		
Principal Place of Business  C/O JOHN E. LUND  707 FRANKLIN STREET MALL. 8TH FLOOR TAMPA FL 33602  Mailing Address  C/O JOHN E. LUND 707 FRANKLIN STREET MAL TAMPA FL 33602			.l. 8th floor			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
							04/09/1987		
<del>'                                    </del>	lace of Business	2a. Mailing Address					FEI Number	<u> </u>	plied For
21   26			<del></del>			ļ	<u>59-2810931</u>	\$8.75	t Applicable
						5.	Certificate of Status Desired	Fee Re	
City & State	e	City & State				6 1	Election Campaign Financing	\$5.00	· · · · · · · · · · · · · · · · · · ·
23							Trust Fund Contribution	Added 1	
Zip				Country			This corporation owes the current year	Intangible	
24	25	29 30	30			- 1	Personal Property Tax.	☐ Yes	□No
	<ol><li>Name and Address of Current</li></ol>	Registered Agent				10.	Name and Address of New Register	ed Agent	
LIAN	D. IOUN C			81	Name				
LUND, JOHN E.				82	2 Street Address (P.O. Box Number is Not Acceptable)			-	
8TH FLOOR							5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1 1 5 W. 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	3.24 * 12.1 . 72.1 3.24 * 12.1 . 72.1
TAMPA FL 33602				83					
1 AM	TATE 33002		ı	84	City		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip (	Code
<u> </u>							<u></u>		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of in familiar with, and accept the obligati	of Florida. Such change was auth	norized	hy the	e corporation	ration i's boa	submits this statement for the purpose and of directors. I hereby accept the app	or changing its pointment as re	gistered
SIGNATURE									
	Signature, typed or printed name of registered agent			Agent si	ignature required v		instating) - 1/3/1/ DATE	AND DIDECTO	
12.	OFFICERS AND DIRECTORS  DELETE		13.				DDITIONS/CHANGES TO OFFICERS	AND DIRECTO	Addition
TITLE				1 IIILE 2 NAME			20 Charles	Griange	L Addition
NAME	LUND, JOHN E. 707 Franklin St. Mall				200500				ļ
STREET ADDRESS	TAMPA FL				DDRESS		•		-
CITY-ST-ZIP TITLE	TAMPA PL	DELETE	2.1 TITL	Y-ST-Z	<u>1</u> P			☐ Change	Addition
NAME			2.2 NA					g	
STREET ADDRESS					DDRESS				
CITY-ST-ZIP	,		2. 4 CIT						
TITLE		☐ DELETE	3.1 TITL				=	☐ Change	Addition
NAME ·			3.2 NAM	ME					
STREET ADDRESS	i i i i i i i i i i i i i i i i i i i		3.3 STF	REET AL	DORESS		\$ 11 16 17 18 20 18 18 18 18 18 18 18 18 18 18 18 18 18	r. Biza satistika	. 548 71017 1818
CITY-ST-ZIP			3.4, CIT	Y-ST-Z	ZIP		· · · · · · · · · · · · · · · · · · ·		图 1名 讀
TITLE		☐ DELETE	4.1 TITU	Æ			文章 医神经神经病 不足 经营销额	Change	Addition
NAME			4. 2 NA	ME					;
STREET ADDRESS			4.3 STF	REET AD	DORESS				;
ĆITY-ST-ZIP			4.4 CIT	Y-ST-Z	JP				

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

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CiTY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

C DELETE

1.00

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90006 008 \*\*\*150.00

☐ Change

Change

☐ Addition

☐ Addition