Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90172 013 ***450.00

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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 # **K29858**

1. Corporation Name

AL A. CHENELER, P.A.

Principal Place of Business Mailing Address					((BBIB))) 6/6 /(Bib 16/6) (eidt dife) neit aren aren eren eren eren eren eren eren
2265 LEE RD	2265 LEE RD				
SUITE 125 SUITE 125					DO NOT WORTH IN THIS SPACE
WINTER PARK	FL 32789		WINTER PARK FL 32789		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
US		US			07/18/1988
	-	Basilian Address			4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address					59-2950320 Not Applicable
21	 	26			\$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.	——————————————————————————————————————		5. Certificate of Status Desired Fee Required
22		City & State			
City & State	e	City & State	<u> </u>		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	Country	Zip	Country		8. This corporation owes the current year Intangible
Zip	Country		_ `		Personal Property Tax.
24	25	29 30	<u>الا</u>		10. Name and Address of New Registered Agent
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Italia alia Addiesa of Nor Registeres (18
CHE	NELER, AL A.				
2265 LEE RD.			82	Street A	Address (P.O. Box Number is Not Acceptable)
STE		83	<u> </u>		
	TER PK FL 32789		0.3		
AAIIA	IEN FR 16 32/03		84	City	85 Zip Code
				L	FL 0 25000
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	a of Florida. Such change was autt	nonzed by	the corpor	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE					equired when reinstating) DATE
	Signature, typed or printed name of registered ag			n signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ND DIRECTORS ☐ DELETE	13.	Т	Change ☐ Addition
TITLE	DP		l	ļ	
NAME	CHENELER, AL A.		1.2 NAME	T 4 D D D C C C	
STREET ADDRESS	2265 LEE RD. STE 125			TADDRESS	
CITY-ST-ZIP	WINTER PARK FL	☐ DELETE	1.4 CITY-S	1-212	☐ Change ☐ Addition
TITLE	TS	Dereie	2.1 TTLE		
NAME	CHENELER, AL A.		2.2 NAME		
- STREET ADDRESS	2265 LEE.RD. STE 125.	عاشات مرديعة	2.3 STREE	l l	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	WINTER PARK FL	— — — — — — — — — — — — — — — — — — —	2. 4 CITY-5	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 T/TLE	1	
NAME			3.2 NAME	İ	
STREET ADDRESS			3.3 STREE	TADDRESS	.
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	
TITLE	}	☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME	1	
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-9	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE	T	☐ Change ☐ Addition
NAME			5.2 NAME	ſ	†
STREET ADDRESS			5.3 STREE	TADDRESS	
CITY-ST-ZIP.			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	İ	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR