## 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

## FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90082 009 \*\*\*150.00

<b>DOCUM</b>	ENT#	K638	87

1. Corporation Name

LINDA L. POOL, P.A.

Principal Plac	e of Business	Mailing Address				(21) BIEN BIGH SIGN	41817 67	WII 01211 1001
4060 EDGEWAT		4060 EDGEWATER DRIVE						
ORLANDO FL 3		ORLANDO FL 32804					_	
				•	DO NOT WRITE	IN THIS SPAC	E	
					3. Date Incorporated or Qualifed 02/02/1989			
2. Principal P	Place of Business	2a. Mailing Address			4, FEI Number	Ĺ	Apr	olied For
21		26 304 CRANE	RANE COUE		59-2935119		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	} }		dditional
22		27			5. Certificate of Status Desired	F	ee Red	quired
City & State City & State				6. Election Campaign Financing	□ \$5	5.00	May Be	
23		28 Longwood		FL	Trust Fund Contribution		dded to	Fees
Zip	Country	Zin	Com	ntry	8. This corporation owes the current			_
24	25	29 32750 3	ک (30	eminol.	Personal Property Tax.	<b>∑</b> Ye	s	□No
	9. Name and Address of Curre				10. Name and Address of New Re	gistered Agent		
800	M. LIANDA			81 Name				
	OL, LINDA			82 Street Address (P.O. Box Number is Not Acceptable)				
	EDGEWATER DR					·		
	FE 400			83				
ORL	ANDO FL 32804			84 City		85	Zip C	ode:
				64 City		FL [°°]	Zip C	,oub
SIGNATURE	Signature, typed or printed name of registered age			Agent signature requ	uired when reinstating)	DATE OF DEP	FOTO	
12		ND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFI	CERS AND DIR		RS IN 12
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NAME	POOL, LINDA		1.2 NA	ME	DALL CRANE CO	UE		
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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 ap attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99

Daytime Phone #

CR2E034 (11/9