

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90008 005 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K74527**

1. Corporation Name
NANCY A. RUMER, P.A.



Principal Place of Business: 168 SUNSHINE DRIVE, PALM HARBOR FL 34684, US
 Mailing Address: 168 SUNSHINE DRIVE, PALM HARBOR FL 34684, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
168 SUNSHINE DRIVE PALM HARBOR FL 34684 US		168 SUNSHINE DRIVE PALM HARBOR FL 34684 US		03/22/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		65-0103320	
Zip		Country		5. Certificate of Status Desired	
25		29		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. This corporation owes the current year Intangible Personal Property.	
RUMER, NANCY A. 1353 CEDARWOOD WAY PALM HARBOR FL 34683		81 Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City		FL 85 Zip Code	

I, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE NAME	PS RUMER, NANCY A. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REET ADDRESS	168 SUNSHINE DRIVE	1.2 NAME	
Y-ST-ZIP	PALM HARBOR FL 34684	1.3 STREET ADDRESS	
FILE NAME	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
REET ADDRESS		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Y-ST-ZIP		2.2 NAME	
FILE NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
REET ADDRESS		2.4 CITY-ST-ZIP	
Y-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME	<input type="checkbox"/> DELETE	3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
FILE NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REET ADDRESS		4.2 NAME	
Y-ST-ZIP		4.3 STREET ADDRESS	
FILE NAME	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
REET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Y-ST-ZIP		5.2 NAME	
FILE NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
REET ADDRESS		5.4 CITY-ST-ZIP	
Y-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME	<input type="checkbox"/> DELETE	6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Nancy A. Rumer, P.A.* 7/5/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)