PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90174 006 ***150.00

DOCU	MENT # K80318				
1. Corporation	1 Name				
ronald	WITKOWSKI, P.A.				
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Principal Place	of Business	Mailing Address		i idalitite dat iftil datite einer inde idte audri einen arten annen annen annen	1441
12798 W. FORE	EST HILL BLVD.	12798 W. FOREST HILL BLVD.		·	
SUITE 202		SUITE 202			
WELLINGTON F	L 33414	WELLINGTON FL 33414		DO NOT WRITE IN THIS SPACE	
US		US .		3. Date Incorporated or Qualifed	1
				04/14/1989	
2. Principal PI	ace of Business	2a. Mailing Address		4. FEI Number Applied Fo	$\overline{}$
21		26		65-0113022 Not Applic	
	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required	iai
	ر الله المحمد الله التي التي التي التي التي التي التي التي	21			
City & State	6 '	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28	0	Trust Fund Contribution Added to Fees	-
Zip	Country ·	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax Yes No	
24	[25]	29 30	<u> </u>	Personal Property Tax. UYes UNo 10, Name and Address of New Registered Agent	\dashv
	9. Name and Address of Curren	t Registered Agent	81 Name	10, Name and Address of New Registered Agent	\dashv
WITH	(OWSKI, RONALD ESQ.		i i i i i i i i i i i i i i i i i i i		
12798 W. FOREST HILL BLVD.		82 Street	Address (P.O. Box Number is Not Acceptable)		
SUITE 202			83		
WELLINGTON FL 33414		63	· _		
****	Elloron I E souri		84 City	FL 85 Zip Code	
	12.11.011			corporation submits this statement for the purpose of changing its register	
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statutes. I	he shove-named	corporation submits this statement for the purpose of changing its register	iou
office or re	ogistered agent or both in the State	of Florida, Such change was author	prized by the corpo	oration's board of directors. I hereby accept the appointment as registered	;
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autho	onzed by the corpo	oration's board of directors. I hereby accept the appointment as registered	d
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CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CHE KEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

561-753-9093