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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90181 050 ***150.00

DOCUMENT # K81416 1. Corporation Name

CAROLYN W. HENSGEN P.A.

Principal Place	of Business	Mailir	ng Address						110010									
%CAROLYN W. HENSGEN		%CAROLYN W. HENSGEN																
440 S. GULFVIEW BLVD #1706		440 S. GULFVIEW BLVD #1706						DO NOT INDITE IN THE SPACE										
CLEARWATER FL 34630		CLEARWATER FL 34630					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed								7			
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2. Principal Pl	lace of Business	2a. M	lailing Addr	ess					FEI Numb							Appli	ed For	4
21		26							<u>59-2942</u>	<u> 295 </u>						_	pplicable	4
Suite, Apt. #, etc.		Suite, Apt. #, etc.							Certifcate	of Statu	s Desire	ed -		~	\$8.7			1
22		27									<u> </u>	_				Requ		╣
City & State		L c	City & State					6. Election C				cing			\$5.0			Į
23		28						Trust Fund Contribution 8. This corporation owes the								d to	rees	\dashv
Zip	Country	L Zi	Zip Count			/		8.	-			curre	nt year		angible ☐Yes ☐No			
24	25	29		30	<u>) </u>				Personal F			P					INO	٦Ì
	9. Name and Address of Current	t Register	red Agent		81	1 .	lame	10.	Name and	d Adare	SS OT N	IOW PC	egister	eu Aţ	Jent			┥
LIENG	SGEN, CAROLYN W.				101	יו	vame											
	S. GULFVIEW BLVD #1706				82	S	treet Add	ress (P	O. Box Nu	ımber is	Not Ac	ceptal	ole)					7
	ARWATER BEACH FL 34630					_												4
CLEA	ANYATEN BEACH FE 34030				83	i										•		-
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office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	ot Florida.	Such chan	ide was autr	ionzea by	me	corporati	ion's bo	pard of dire	ctors. I I	nereby a	accep	t the ap	point	ment as	regis	štered	
agent. I a	m familiar with, and accept the obligati		ection 607.	0505, Florid	a Statutes	s.	·											
agent. I a	Signature, typed or printed name of registered agent	1 and title if ap	ection 607.	usus, Fiona	a Statutes	s. 		ed when re	reinstating)				DATE	· · ·				-4
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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 an attachment with an address, with all other like empowered.

CR2E034 (11/98)