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 # L16912

1. Corporation Name

JOANNE H. YOUNG, P.A.

Principal Place of Business
C/O MRS. JOANNE H. YOUNG
14794 BURNTWOOD CIRCLE
ODLANDO EL 22020

Mailing Address

C/O MRS. JOANNE H. YOUNG 14794 BURNTWOOD CIRCLE ORLANDO FL 32826

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90027 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

09/19/1989

Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		[LA	ppilea For	
11		26			59-2969897		N-	ot Applicable	
Suite, Apt. i				· -	5. Certifcate of Status Desired			Additional equired	
_	City & State City & State			\ 1	Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip .	Country	Zip	Count	у	8. This corporation owes the curre	nt year Inta	ngible		
			30		Personal Property Tax.	•	Yes	□No	
*1	9. Name and Address of Current	' '		10. Name and Address of New Re	gistered A	\gent			
YOUNG, JOANNE H. 14794 BURNTWOOD CIR ORLANDO FL 32826				81 Name					
				82 Street Address (P.O. Box Number is Not Acceptable)					
				3					
-				·					
			8	4 City		FL	85 Zip	Code	
agent. I ai SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agent	ions of, Section 607.0505, Flo	orida Statute	y the corporations. ent signature require		DATE			
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFF	CERS AND			
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Change	☐ Additio	
IAME	Young, Joanne H.		1.2 NAME						
TREET ADDRESS	14794 BURNTWOOD CR.		1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	Orlando fl		1.4 CITY-	ST-ZIP					
TITLE	ST	☐ DELETE	2.1 TITLE				☐ Change	☐ Additio	
NAME	YOUNG, JOANNE H.		2.2 NAME						
STREET ADDRESS	14794 Burntwood Cr.		2.3 STRE	ET ADDRESS				_	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY	-ST-ZIP	<u> </u>				
MLE		☐ DELETE	3.1 TITLE				Change	☐ Additio	
VAME			3.2 NAME	:					
STREET ADDRESS	a of the second		3.3 STRE	ET ADDRESS					
CITY-ST-ZIP			3.4. CITY	-ST-ZIP					
TITLE		☐ DELETE	4,1 TITLE				☐ Change	Addition	
NAME		. ·	4. 2 NAM	E					
STREET ADDRESS	•		4.3 STRE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	·				
TITLE 1		☐ DELETE	5.1 TITLE				Change	☐ Addition	
ilite			5.2 NAM	.					
NAME			5.3 STRE	ET ADDRESS					
NAME STREET ADDRESS			5.3 STRE 5.4 CITY-						
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE		ST-ZIP			Change	☐ Additio	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	5.4 CITY	ST-ZIP			☐ Change	☐ Additio	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	5.4 CITY- 6.1 TITLE 6.2 NAMI	ST-ZIP			☐ Change	☐ Additio	
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.4 CITY- 6.1 TITLE 6.2 NAMI	ST-ZIP			☐ Change	Additii	

4. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINTED NAME OF SIGNING NAME OF SIGNING OFFICER OR PRINTED NAME

1-22-99

407-382-03/8 Daytime Phone #