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 # 1. Corporation Name

TINA MACKLER, P.A.

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90012 032 ***150.00



Fillicipal Fla	ce of business	walling Address					
11789 BALD CYPRESS LANE 11789 BALD CYPRESS LANE LAKE WORTH FL 33467 LAKE WORTH FL 33467						·	74 1 1 1
	1,000	The world to both			DO NOT WE	RITE IN THIS SPACE :	41
	19				3. Date Incorporated or Qualifed		; ,,,
					10/12/1989	٠, '	` .
2. Principal Place of Business 2a. Mailing Address							
_ `					4. FEI Number		Applied For
21					65-0147581		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.7 5	5 Additional
22					5. Certificate of Status Desired	└─ Fee	Required
City & State City & State					6. Election Campaign Financing	\$5.0	0 May Be
23	28				Trust Fund Contribution	++	d to Fees
Zip	Country		Zip Country				0.0100
		⊢ ¬ '	· — ,		8. This corporation owes the cui		
24	25 29 30 9. Name and Address of Current Registered Agent		30		Personal Property Tax.	Yes	□No
				ál '	10. Name and Address of New	Registered Agent	
144	OKLED TIMA		8	1 Name			
MACKLER, TINA				2 Stroot Add	Irana /D.O. Pay Number is Not Assess	loblo)	
11789 BAID CYPRESS LANE				82 Street Address (P.O. Box Number is Not Acceptable)			
LAK	KE WORTH FL 33465		. 8	3	1 1221 a 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1 1 1 1 1 1 1 1 1 1 1 1 1
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. 1 = m = n + 1 + F . *	e agent and the second	·			garanti da sa	FL .	
11. Pursuan	t to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statute	es, the abo	ve-named corp	poration submits this statement for the	purpose of changing	its registered /
agent	registered agent, or both, in the State am-familiar with, and accept the obliga	etions of Section 607.0505. Flor	umonzed b rida Statute	y the corporati	on's board of directors. I hereby acce	pt the appointment as	registered
	Λ. Ι.	TO A A		11.0		: .	.]
SIGNATURE	Elgnature, typed or printed name of registered age	unt and title if applicable (NOTE:	Pagistared As	ant signature moule	ed when reinstating), I (ask:()	DATE	
12.		ND DIRECTORS	13.	on cognition to quite	ADDITIONS/CHANGES TO OF		TOPS IN 12
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	1 51 5	. Deceie			(* 1753)	Citally	e L Addition
NAME	MACKLER, TINA		1.2 NAME				
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CITY-ST-ZIP	WEST PALM BEACH FL	•	1.4 CITY-	ST-ZIP			
TITLE .			2.1 TITLE			Chang	e Addition
NAME			2.2 NAME		•		_
					•		į
STREET ADDRESS			2.3 STREET ADDRESS				
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		. DECETE			(1987年1月1日) (1987年)	as (n. ### (조단) Criange	a Maria Maganou
NAME 17700 SAFD (.	Mark Str	Service Control	4. 2 NAME	·		•	
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CITY-ST-ZIP		•	4.4 CITY-	ST-ZIP .			
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NAME	 In the state of th						
			6.2 NAME	1			
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STREET ADDRESS CITY-ST-ZIP	1 389, CD3 - 53 23 25 2 276 - 274 - 275			T ADDRESS			

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.