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Jan 25, 1999 8:00am

**Secretary of State** 

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¥ PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 1 23639**

1. Corporation	Name # L23039	•						
MARY E. VAN WINKLE, P.A.								
MAILE F.	VAN WINNEED TO SE				<u> </u>			
-	* *							
Principal Place	of Business	Mailing Address				,		4
Principal Place of Business Mailing Address  *MARY E. VAN WINKLE  *MARY E. VAN WINKLE					, in the second	•		
3844 BEE RIDGE ROAD #202 3844 BEE RIDGE ROAD			202		DO NOT WRITE IN THIS SPACE			
SARASOTA FL		SARASOTA FL 34233			_3. Date Incorporated or Qualifed			
i	***				10/17/1989			ļ
		2a. Mailing Address			4. FEI Number		App	lied For
2: Principal Pl	ace of Business	<del> </del>			65-0148855		Not	Applicable
21	#	Suite, Apt. #, etc.		<del></del>			\$8.75 Ad	
Suite, Apt. :	#, etc.	27			5. Certifcate of Status Desired	<u> </u>	Fee Req	uired
City & State	Α	City & State			6. Election Campaign Financing		\$5.00 A	• 1
23		28		100	Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the curr	ent year Inta	angible □Yes <b>)</b>	No
24	25	29 3	0		Personal Property Tax.  10. Name and Address of New I	2 mintored		7110
	9. Name and Address of Curren	Registered Agent	-	1	10. Name and Address of New I	tegistered :	-gent	
	CALLED TO A STATE OF THE STATE	•	1 1	Name		<u> </u>		· -
VAN WINKLE, MARY E VAA 3844 BEE RIDGE ROAD #202			82	Street Addre	ss (P.O. Box Number is Not Accept	able)	e e e e e e e e e e e e e e e e e e e	
		•	83		A STATE OF THE STA	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
SAH	ASOTA FL 34233		83		<b>公臣·拉斯特特</b>			· 图图 · 图
1	•		84	City		FI	85 Zip C	ode
WARRED TO A	un te proportion		- the above 5	omed corne	ration submits this statement for the	purpose of	changing its	registered
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such change was au	horized by th	e corporation	n's board of directors. I hereby acce	pt the appoi	ntment as reg	jistered
SAS agent. La	registered agent, or both, in the State am familiar with, and accept the obliga	tions of, Section 607.0505, Flore	da Statutes.					
SIGNATURE	Signature, typed or printed name of registered age	at and title if applicable. (NOTE: F	Registered Agent s	gnature required	when reinstating)/	DATE	<del></del>	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN		RS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		\$P\$《李·克·奇克·		Change	Addition
NAME	VAN WINKLE, MARY E		1.2 NAME	ļ				
STREET ADDRESS	4000 DEDECOINE DOINT OT		1.3 STREET A	ODRESS			•	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-2	ZIP			☐ Change	Addition
TITLE		☐ DELETE	2.1 TITLE				~	
· NAME		المستاء المستعادية	2.2 NAME					
STREET ADDRESS			2.3 STREET A	DDRESS				
CITY-ST-ZIP		·	2.4 CITY-ST-	ZiP			Change	Addition
TITLE 11:50	NORMAN THE ON THE PARTY OF THE	☐ DELETE	3.1 TITLE		Ţ Ļ	; ; ·	change	
NAME	A MAN DAY IPSIGNED AND		3.2 NAME		,	. V. mari		. " ) "
STREET ADDRESS	ASSEASE CARE		3.3 STREET A					
CITY-ST-ZIP	The state of the s	C DELETE	3.4. CITY-ST-	ZIP	- 1 37 LA 1895	7 31 1-21	Change	Addition
TITLE		☐ DELETE	4.1 TITLE 4.2 NAME					
NAME OF S	n, veral s		4.2 NAME 4.3 STREET	DOBESS	•		•	
STREET ADDRES	SE 2/1/2 1		4.3 STREET #	1	•	•		
CITY-ST-ZIP	1 040.08	☐ DELETE	5,1 TITLE	LIT"	<u> </u>		☐ Change	☐ Addition
TITLE	\ '	fin berrie	5.2 NAME	1	e de la companya della companya della companya de la companya della companya dell			
NAME			5.3 STREET	ADDRESS				
STREET ADDRES	S OF		5.4 CITY-ST-					
CITY-ST-ZIP	V/38 1840 2 Tax	☐ DELETE	6.1 TITLE	-			Change	Addition
TITLE	1600 15 5 W. P. S. S. S. S. S. S.	-	6.2 NAME					
NAME	AGBS OF THE		6.3 STREET	ADDRESS				
STREET ADDRES	וא			1				

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

SIGNATURE