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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90279 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L37257

1. Corporation Name
DIANE M. GONZALEZ, P.A.

Principal Place of Business

**SUITE AA
745 12 AVENUE SOUTH
NAPLES FL 34102
US**

Mailing Address

**SUITE AA
745 12 AVENUE SOUTH
NAPLES FL 34102
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1989

4. FEI Number

65-0165766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

SUITE 3

Suite, Apt. #, etc.

809 WALKERBILT RD

City & State

NAPLES FLA USA

Zip

34110

Country

34110

2a. Mailing Address

SUITE 3

Suite, Apt. #, etc.

809 WALKERBILT RD

City & State

NAPLES FL USA

Zip

34110

Country

34110

9. Name and Address of Current Registered Agent

**GONZALEZ, DIANE M.
STE. AA
745 12TH AVENUE SOUTH
NAPLES FL 34102**

10. Name and Address of New Registered Agent

81. Name

GONZALEZ, DIANE M

82. Street Address (P.O. Box Number is Not Acceptable)

SUITE 3

83. City

809 WALKERBILT RD

84. State

NAPLES

FL

85. Zip Code

34110

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **GONZALEZ, DIANE**
STREET ADDRESS **745 12TH AVENUE SOUTH, SUITE AA**
CITY-STATE-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **DIANE GONZALEZ**

1.3 STREET ADDRESS **SUITE 3 809 WALKERBILT RD**

1.4 CITY-STATE-ZIP **NAPLES FL 34110**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 a different like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-99 (941) 593-0088

CR2E034 (11/98)