FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State 04-07-1999 90075 036 ***150.00

1999 DOCUMENT # L39617

1. Corporation Name

MICHAEL M. GFESSER, P.A.

|--|

						
Principal Place	of Business	Mailing Address				
249 ASHBROOM	== = = =	849 ASHBROOKE CT				
HEATHROW FL	32746	HEATHROW FL 32746 US		DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualifed		
				12/20/1989		
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For		
21 631=05		26 631-US-High	.way=045=	65-016367-1 Not Applicable.		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	็ก	City & State 28 North Palm	Beach, F	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip ,	Country 25	29 33408 30	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑No		
24 55 (9. Name and Address of Current			10. Name and Address of New Registered Agent		
	81 Name					
	GFESSER, MICHAEL M. 82 Street Address (P.O. Box Number is Not Acceptable)					
849 ASHBHOUKE CI (, 2)				US HIGHWAY ONE		
HEATHROW FL 32746						
			84 City	100 75 004		
			1 1 1 1 1 1 1 1 1 1 1 1	orth Palm Beach FLI 33408 I		
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 amiliamiliar with, and accept the obligations of Section 607.0505, Florida Statutes.						
SIGNATURE Y 1999						
	Signature, typed or printed name of registered agent			quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	PST OFFICERS AND	DELETE	13. 1,1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	GFESSER, MICHAEL M.		·			
NAME	849 ASHBROOKE CT		1.3 STREET ADDRESS	5 Princewood Lane		
STREET ADDRESS	HEATHROW FL 32746		1.4 CITY-ST-ZIP	Palm Bearl GARDENS, FL 33410		
CITY-ST-ZIP	D	☐ DELETE	2,1 TITLE	☐ Change ☐ Addition		
NAME	GFESSER, MICHAEL		2.2 NAME			
STREET ADDRESS	-849 ASHBROOKE CT		23 STREET ADDRESS	65 Princewood Lane		
CITY-ST-ZIP	HEATHROW FL 32746		2.4 CITY-ST-ZIP	Palm Beach GARDENS, FL 33410		
TITLE	TIERTINOVI TE DEL 10	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	-		3.4. CITY-ST-ZIP			
ΠTLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition		

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 suppliemental 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 opporation or the receiver or trustee enjoyened 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADORESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

499 561.882.1371

Addition

Addition

Change

☐ Change