

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

**FILED**  
**Apr 07 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # L90365 (2)**  
 1. Corporation Name  
**FRANCISCO COLON JR., P.A.**



|   |   |
|---|---|
| Principal Place of Business<br><b>341 N. Maitland Ave<br/>                 Suite 360<br/>                 Maitland FL 32751<br/>                 US</b> | Mailing Address<br><b>341 N. Maitland Ave<br/>                 360<br/>                 Maitland FL 32751<br/>                 US</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/10/1990**

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>341 N. Maitland Blvd<br/>                 Suite, Apt #, etc.<br/>                 360<br/>                 City &amp; State<br/>                 Maitland<br/>                 Zip<br/>                 32751<br/>                 Country<br/>                 Orange</b> | 2a. Mailing Address<br><b>341 N. Maitland Ave<br/>                 Suite, Apt #, etc.<br/>                 # 360<br/>                 City &amp; State<br/>                 Maitland FL<br/>                 Zip<br/>                 32751<br/>                 Country<br/>                 Orange</b> |
|---|--|

|  |  |
|--|--|
| 4. FEI Number<br><b>59-3030401</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent  
**COLON, FRANCISCO JR.  
 111 S. Maitland Ave.  
 Suite 215  
 Maitland FL 32751**

10. Name and Address of New Registered Agent

|  |
|--|
| 81 Name<br><b>Francisco Colon Jr., P.A.</b>  |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>341 N Maitland Ave</b> |
| 83<br><b>Suite 360</b>   |
| 84 City<br><b>Maitland</b>   |
| 85 Zip Code<br><b>FL 32751</b>   |

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: *Francisco Colon Jr.* DATE: **2/27/98**

(NOTE: Registered Agent signature required when reinstalling)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>COLON, FRANCISCO JR</b>      | 1.2 NAME  |   |
| STREET ADDRESS             | <b>341 S Maitland Ave #360</b>  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>Maitland FL 32751</b>        | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME  |   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME  |   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 4.2 NAME  |   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 5.2 NAME  |   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME  |   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-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.

SIGNATURE: *Francisco Colon Jr.* Pres DATE: **2/27/98** 407-629-7411

CR2E034 (10/97)