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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000007757

Principal Place of Business

JONATHAN DAVID PALETTI, P.A.

15201 ROOSEV SUITE 101	ELT BOULEVARD	15201 ROOSEVELT BOULEVE SUITE 101	ARD					
CLEARWATER FL 33760 CLEARWATER FL 33760			-		DO NOT WRITE	IN THIS SPAC	:F	
OLEMINATER (2 00/00	OLEANNA EN TE 30730			3. Date Incorporated or Qualifed 11/30/1992	114 11110 01710	<u>,</u>	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Apr	lied For
21	-,,	26			59-3152559			Applicable
Suite Apt.	# etc	Suite, Apt. #, etc.			00 0 102308			dditional
22	<u> </u>	27			5. Certificate of Status Desired (ee Rec	1
City & Stat	е	City & State			6. Election Campaign Financing	¬ \$:	5.00 (May Be
23	<u></u>	28			Trust Fund Contribution	-J A	dded to	Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current	year Intangible	е	
24	25 29 30		30	Personal Property Tax. ☐ Yes ☐ No				
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	istered Agent		
	100 May 200 Ma	我看透了了。"是一	81	Name				
	etti, jonathan david 1 Roosevelt Boulevard		82	Street Add	fress (P.O. Box Number is Not Acceptable	a)		
				L	* Important for kind	<u> </u>		المعادة من
	e 101 . Arwater fl 33760		83					
	4.		84	City		85	Zip C	ode
garen da paga	property of the	and the second of the second		L		FL		
11. Pursuant	to the provisions of Sections 607,050; edistered agent, or both, in the State (2 and 607.1508, Florida Statutes of Florida™Súch change was aut	s, the above thorized by	e-named corp	poration submits this statement for the pu- ion's board of directors. I hereby accept the	rpose of chang he appointment	ing its r	egistered istered
agent l'a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statutes	5.		то орронитон		
SIGNATURE	Signature, typed or printed name of registered agen	at and title if annicable (NOTE: F	Registered Age	nt skapature require	ed when reinstating)	DATE		
12.		D DIRECTORS	13.	,	ADDITIONS/CHANGES TO OFFIC		ECTOR	RS IN 12
TITLE	P	DELETE	1.1 TITLE		13 - 22 344		hange	Addition
NAME	PALETTI, JONATHAN D		1.2 NAME		* * * * * * * * * * * * * * * * * * *	_	•	
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CITY+ST-ZIP	CLEARWATER FL 33760							
TIFLE			1.4 CITY-S	I-ZIP				
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- STREET ADORESS CITY- ST-ZIP	The second se	DELETE	2.1 TITLE 2.2 NAME	T ADDRESS		c	hange	Addition
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14. I hereby certify that the information supplied with indicated on this annual report or supplemental officer or director of the corporation or the received Block 12 or Block 13 if change, or on an attach es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90022 033 ***150.00