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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300009563

DANNA E. MCDONALD, P.A.

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'	ice of Business	Mailing Address			A SECOND		
10701 SW 29 PLACE 10701 SW 29 PLACE DAVIE FL 33328 DAVIE FL 33328					DO NOT WRITE IN THE ORACE		
}					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	7	
					02/05/1993		
	Place of Business	2a. Mailing Address			4. FEI Number Applied For] ,:	
21		26			65-0395105 Not Applicable		
Suite, Ap		Suite, Apt. #, etc.		, m	5. Certificate of Status Desired See Required		
City & Sta	ate	City & State			6 Election Campaign Financing \$5.00 March	1-	
23		28			Trust Fund Contribution Added to Fees	1	
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Intangible		
24	25		30		Personal Property Tax.		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	1	
LaC.	AND DANKE	ACCOUNT.	8	1 Name	- - 1	1	
NO.	DONALD, DANNA E		8	2 Street	Address (P.O. Box Number is Not Acceptable)	۱ ۱	
10701 SW 29 PLACE			٦	- 0110017		ļ	
Ų ŅA\	/IE FL 33328		8	3		l	
}			-	-	THE PARTY OF THE P		
			8	84 City			
11. Pursuan	t to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abo	ve-named	corporation submits this statement for the purpose of changing its registered	ĺ	
					protion's board of discrete at the selection of the		
_		ations of Section 607.0505. Flori	imonzeo p ida Statuta	y ine corpo is	oration's board of directors. I hereby accept the appointment as registered		
SIGNATURE		ations of, Section 607.0505, Flori	ida Statute	y trie corpo	oralium's obard of directors. I nereby accept the appointment as registered		
SIGNATURE		ations of, Section 607.0505, Flori	ida Statute	15.	equired when reinstating) $\gamma_{\{\{i,N_i^N_i\}}$	_	
12.	Signature, typed or printed name of registered age	ations of, Section 607.0505, Flori	ida Statute	15.	equired when reinstating) y ₁ (2003)	(98)	
	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. (NOTE: 1	Registered Ag	ent signature re		11/98)	
12.	Signature, typed or printed name of registered age OFFICERS AI D MCDONALD, DANNA E	ent and title if applicable. (NOTE: IND DIRECTORS	Registered Ag	ent signature re	aquired when reinstating) y ₁ (AS) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	(41	
12. TITLE	Signature, typed or printed name of registered age OFFICERS AI D MCDONALD, DANNA E	ent and title if applicable. (NOTE: IND DIRECTORS	Registered Ag 13. 1.1 TITLE 1.2 NAME	ent signature re	aquired when reinstating) y ₁ (AS) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	(41	
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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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

City-St-ZIP

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DELETE

☐ Change

☐ Addition

FILED

Jan 26, 1999 8:00am

Secretary of State

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