May 06, 1999 8:00 am Secretary of State

05-06-1999 90045 034 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000021293

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

JANA RANIERI CORTINA, P.A.

Principal Place	e of Business	Mailing Address		
7900 PETERS P	RD	7900 PETERS RD		
8-100 PLANTATION LI	E 33334	B-100 Plantation FL 33321		DO NOT WRITE IN THIS SPACE
US	30024	US		3. Date Incorporated or Qualifed
				03/19/1993
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21905	N. NOBLILLO	26		65-0397604 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired   \$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be
23 P\ a	neason	28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24 335	30 Y [25] U >	29	30	Personal Property Tax. Yes No
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered Agent
COR	ITINA, JANA		81 Name	
	O PETERS RD		82 Street	Address (P.O. Bex Number is Not (cceptable)
	8-100		26	511/10/04/11/10 mb
			83	
PLA	NTATION FL 32324		84 City	85 Zip Code (
				1 LIOU LOW 1211 A-1 193.297
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute:	s, the above-named'	Corporation submits this statement for the purpose of changing its registered
agent. I a	m familiar with, and accept the obligatio	ns of, Section 607.0505, Flori	da Statutes.	poration's board of directors. I herebyteccept the appointment as registered
SIGNATURE		Jano.	on three	2 / MASS 9 4130199
	Signature pased or partied name of registered agent a		Registered Agent signature r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	BROWN, JANA R	[	1.2 NAME	965 n. nob will Rat
NAME	7900 PETERS RD STE B-100		1.3 STREET ADDRESS	
STREET ADDRESS	PLANATATION FL		1.4 CITY-ST-ZIP	18/20 1/2 1 32 39
CITY-ST-ZIP TITLE	PLANATATION TE	□ DELETE	2.1 TITLE	Change Addition
		()·t	2.2 NAME	
NAME			2.3 STREET ADDRESS	;
STREET ADDRESS			2.4 CITY-ST-ZIP	
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
TITLE			3.2 NAME	_ , _
NAME			3.3 STREET ADDRESS	
STREET ADDRESS			3.4. CITY-ST-ZIP	
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		<u> </u>	4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		-	5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	;
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
	1	_	6.2 NAME	
NAME				

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 path; 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 arthur with all other like empowered. SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CR2E034 (11/98)