

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90034 039 ***150.00

DOCUMENT # P93000027051

1. Corporation Name

KAREN A. LARSON, P.A.

Principal Place of Business

993 N COLLIER BLVD
MARCO ISLAND FL 33937
US

Mailing Address

P O BOX 288
993 N COLLIER BLVD
MARCO ISLAND FL 34146
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1993

4. FEI Number

65-0401267

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 751 Orchid Ct.

27 City & State

28 Marco Island, FL

29 34145 30 USA

9. Name and Address of Current Registered Agent

LARSON, KAREN A E
993 N COLLIER BLVD
MARCO ISLAND FL 34145

10. Name and Address of New Registered Agent

81 Name

Flora Ornowski

82 Street Address (P.O. Box Number is Not Acceptable)

751 Orchid Ct.

83

84 City

Marco Island

FL

85 Zip Code

34145

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: *Flora Ornowski*
Signature, typed or printed name of registered agent, and title if applicable.

Flora Ornowski

4-20-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D
NAME LARSON, KAREN A
STREET ADDRESS 993 N COLLIER BLVD
CITY-ST-ZIP MARCO ISLAND FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

751 Orchid Ct

1.4 CITY-ST-ZIP

Marco Island, FL 34145

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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 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.

SIGNATURE:

Karen A. Larson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen A. Larson

4/20/99

Date

Daytime Phone #

CR2E034 (1/98)