**FILED** 

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90072 043 \*\*\*150.00

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

Mailing Address

390 N. ORANGE AVE.

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300060292

1. Corporation Name

Principal Place of Business

390 N. ORANGE AVE.

NEIL G. PAULSON, P.A.

SUITE #1830 ORLANDO FL 32801		ORLANDO FL 32801			DO NOT WRITE IN THIS SPACE				
S US					3. Date Incorporated or Qualifed 08/25/1993				
2. Principal Place of Business	2a.	2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26			59-3197150		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required				
City & State		City & State		<del></del>		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	
	ountry 29	Zip	Coun	ntry		<ol><li>This corporation owes the currer Personal Property Tax.</li></ol>		☐ Yes	□No
9. Name and A	ddress of Current Registe	ered Agent				10. Name and Address of New Re	gistered A	lgent	
DALIL CON MEIL C C	<u> </u>			81	Name				
PAULSON, NEIL G SR 390 N. ORANGE AVE., SUITE #1830				82	Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32801				83					
			ŀ	84	City		, FL	85 Zip (	Code
Pursuant to the provisions of office or registered agent, or agent. I am familiar with, and	both in the State of Florida	<ul> <li>Such change was a</li> </ul>	autnorized	DV II	named corporation	poration submits this statement for the pon's board of directors. I hereby accept	urpose of o the appoin	hanging its tment as re	registered gistered
SIGNATURE Street or prints	d name of registered agent and title if	annlicable (NOT	E: Registered /	Agent	signature require	od when reinstating)	DATE		
12.	OFFICERS AND DIREC		13.			ADDITIONS/CHANGES TO OFFI	CERS AN	DIRECTO	RS IN 12
TITLE P		☐ DELETE	1.1 T/II	LE				Change	Addition
1 '	1		1.2 NA	1.2 NAME					
STREET ADDRESS 390 N. ORANG			1.3 STF	REETA	ADDRESS				
CITY-ST-ZIP ORLANDO FL	L /(12.) # 1000		1.4 CIT	Y-ST-	.ZIP				
TITLE STABLE		☐ DELETE	2.1 1111		<del></del>			☐ Change	Addition
NAME			2.2 NA	ME	1				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	F		2.4 CII	4 CITY-ST-ZIP			-		
TITLE		☐ DELETE	3.1 TITE					Change	Addition
NAME		_	3.2 NA	ME					
etpeet annuese			3 3 STE	REET 4	ADDRESS	•			

CITY-ST-ZIP 14. 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

□ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIF

TITLE

NAME

TITLE

NAME

TITLE

NAME

YEQUIRED SIGNING OFFICER OR DIRECTOR

Change

☐ Change

☐ Change

☐ Addition

Addition

☐ Addition