

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 07, 1999 8:00 am
Secretary of State
09-07-1999 90007 037 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000085499 ✓
Corporation Name
ANDREW L. CAMERON, P.A.

Principal Place of Business 120 E. ROBINSON ST. 120 E ROBINSON ST ORLANDO FL 32801	Mailing Address 120 E. ROBINSON ST. 120 E ROBINSON ST ORLANDO FL 32801-1602 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/10/1993	
4. FEI Number 59-3217105	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. ☐ Yes ☒ No	

Principal Place of Business	2a. Mailing Address		
26	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
27	27		
City & State	City & State		
28	28		
Zip	Country	Zip	Country
25	25	29	30

9. Name and Address of Current Registered Agent CAMERON, ANDREW L. 120 E. ROBINSON ST. ORLANDO FL 32801	10. Name and Address of New Registered Agent
81 Name	81 Name
82 Street Address (P.O. Box Number is Not Acceptable)	82 Street Address (P.O. Box Number is Not Acceptable)
83	83
84 City	84 City
FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
☐ DELETE	☐ Change ☐ Addition	1.1 TITLE	
☐ DELETE	☐ Change ☐ Addition	1.2 NAME	
☐ DELETE	☐ Change ☐ Addition	1.3 STREET ADDRESS	
☐ DELETE	☐ Change ☐ Addition	1.4 CITY-ST-ZIP	
☐ DELETE	☐ Change ☐ Addition	2.1 TITLE	
☐ DELETE	☐ Change ☐ Addition	2.2 NAME	
☐ DELETE	☐ Change ☐ Addition	2.3 STREET ADDRESS	
☐ DELETE	☐ Change ☐ Addition	2.4 CITY-ST-ZIP	
☐ DELETE	☐ Change ☐ Addition	3.1 TITLE	
☐ DELETE	☐ Change ☐ Addition	3.2 NAME	
☐ DELETE	☐ Change ☐ Addition	3.3 STREET ADDRESS	
☐ DELETE	☐ Change ☐ Addition	3.4 CITY-ST-ZIP	
☐ DELETE	☐ Change ☐ Addition	4.1 TITLE	
☐ DELETE	☐ Change ☐ Addition	4.2 NAME	
☐ DELETE	☐ Change ☐ Addition	4.3 STREET ADDRESS	
☐ DELETE	☐ Change ☐ Addition	4.4 CITY-ST-ZIP	
☐ DELETE	☐ Change ☐ Addition	5.1 TITLE	
☐ DELETE	☐ Change ☐ Addition	5.2 NAME	
☐ DELETE	☐ Change ☐ Addition	5.3 STREET ADDRESS	
☐ DELETE	☐ Change ☐ Addition	5.4 CITY-ST-ZIP	
☐ DELETE	☐ Change ☐ Addition	6.1 TITLE	
☐ DELETE	☐ Change ☐ Addition	6.2 NAME	
☐ DELETE	☐ Change ☐ Addition	6.3 STREET ADDRESS	
☐ DELETE	☐ Change ☐ Addition	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Andrew Cameron*

CR2E034 (5/99)