## 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 # P94000002882

1. Corporation Name

PAUL J. WERLING, P.A.

Prin	cip	al P	lace	of	Busin	ess
1485	N	НΔВ	IRFI	TC	MAIM	DΒ

Mailing Address

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90061 030 \*\*\*150.00



485 N. HAMBELTONIAN DR. HERNANDO FL 34442 JS		1485 N. HAMBELTONIAN DR. HERNANDO FL. 34442 US		DO NOT WRITE IN THIS SPACE					
						3.	Date Incorporated or Qualifed 01/05/1994	•	
2. Principal Place o	f Business	2a. Mailing Address				4.	FEI Number	į	Applied For
11485 N Hambletonian Dr		26 1485 N Hambletonian Dr		•	59-3223544		Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc					Certificate of Status Desired	•	75 Additional e Required
City & State City & State 28						6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to F			
Zip	Country 25	Zip Country				8.	This corporation owes the current year I Personal Property Tax.	ntangible Yes	□No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
WERLING			,	81	Name		20 D. N. Ibaria Nat A. Castalla		
1485 N. HAMBELTONIAN DR.			82						
HERNAND	OO FL 34452			83	_1485_1	l1	Hambletonian Dr.	_	
				84	City		F		Zip Code
office or registe	provisions of Sections 607.0502 ared agent, or both, in the State of	Florida. Such change v	was authorize	d by i	the corporation	atio	n submits this statement for the purpose oard of directors. I hereby accept the app	of changin ointment a	ig its registered as registered

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature r	required when reinstating)		DATE	<del></del> )
	OFFICERS AND DIRECTORS	13.		CHANGES TO OFFICE		RS IN 12
12.	D DELETE	1.1 TITLE	1.00.110.101		☐ Change	Addition
TITLE NAME	WERLING, PAUL J	1.2 NAME				
STREET ADDRESS	1485 N. HAMBELTONIAN DR.	1.3 STREET ADDRESS	1485 N Ham	nbletonian	Dr.	ì
CITY-ST-ZIP	HERNANDO FL	1.4 CITY-ST-ZIP				
TITLE	☐ DELETÉ	2.1 TITLE		_	Change	☐ Addition
NAME		2.2 NAME				-
STREET ADDRESS		2.3 STREET ADDRESS		•		ĺ
		2.4 CITY-ST-ZIP			second et .	
CITY-ST-ZIP TITLE	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
		3.2 NAME			•	
NAME			ļ			
STREET ADDRESS		3.3 STREET ADORESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP	ļ			
TITLE	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP_		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE		4	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
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADORESS			•	
CITY-ST-ZIP		6.4 CITY-ST-ZIP				

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: