



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 8, 1999

FLOYD E. SESKIN, M.D., P.A.
1921 NE 188TH STREET
NORTH MIAMI BEACH, FL 33179 US

SUBJECT: FLOYD E. SESKIN, M.D., P.A.

Ref. Number: P94000026564

Please be advised, we have received your Annual Report for the above corporation and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORTS SECTION

/pr

I sent the report with a letter. Why didn't you even acknowledge receipt of the letter! The original bill was never received. I have paid these bills for 5 years and have never been late! Who would intentionally not pay this bill on time! I would ask to consider this one time request to not penalize

06121999-90003-019-\$150.00-\$150.00

ANNUAL REPORT
1999
 KATHERINE H. WIS
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000094849 ✓

1. Corporation Name

BAD DOG PRODUCTIONS OF CENTRAL FLORIDA, INC.

 FILED
 CLERK OF COURT
 DIVISION OF CORPORATIONS

99 JUL 26 AM 8:13

Principal Place of Business Mailing Address

 1011 W. COLONIAL DRIVE
 ORLANDO, FLORIDA 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/4/98

4. FEI Number

39-3540101

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 Fees8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

 LAURA SCHOND
 1011 W. COLONIAL DRIVE
 ORLANDO FLORIDA 32804

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

 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

x Laura Lu Schond 6-11-99

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

 11 TITLE LAURA SCHOND DIRECTOR
 12 NAME
 13 STREET ADDRESS 1011 W. COLONIAL DRIVE
 14 CITY-ST-ZIP ORLANDO FL 32804
☐ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

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11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 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: x Laura Lu Schond

6-11-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)