Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90051 044 ***150.00

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 # P94000048283

1. Corporation Name

MARIANNE REISEN, C.P.A., P.A.

Mailing Address 6219 14TH AVE S GULFPORT FL 33707 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 07/01/1994 4. FEI Number 59-3254460 50 Not. Applicable 59-3254460 Not. Applicable 59-3254460 50 Not. Applicable 59-3254460 50 Not. Applicable 50 Suite, Apt. #, etc. 50 Certificate of Status Desired Fee Required 50 City & State Sipper Country Cipper Country Ci									
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2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. A Mailing Address 2. Fill Number 3. Suite, Apt. #, etc. 3. Suite, Apt. #,							DO NOT WRITE IN THIS	SPACE	
2. Principal Place of Business 2. Mailing Address 3. Mailing Address 4. FEI Number 59-3254460 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 2. City & State 3. Country 3. Country 3. Country 3. Country 3. Name and Address of Current Registered Agent 3. Name and Address of Current Registered Agent 3. Name and Address of New Registered Agent 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 4. City 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Notes and Contribution 7. Notes and Contribution 7. Notes and Address of New Registered Agent 7. Notes and Address of New Registered Agent 7. Street Address (P.O. Box Number is Not Acceptable) 7. City & State 7. City & State 7. City & State 8. Street Address (P.O. Box Number is Not Acceptable) 7. City & State 8. City 8. This corporation submits this statement for the purpose of changing its 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. 8. Street Address (P.O. Box Number is Not Acceptable) 8. City & State 8. City & S						•	3. Date Incorporated or Qualifed		
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Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 City & State City	2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	Ar	plied For
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City & State 28 City & State 28	Suite, Apt.	#, etc.					5. Certifcate of Status Desired		
Zip Country Zip Country	City & Stat	te	City & State				, , , , , , , , , , , , , , , , , , , ,		, ,
25 29 30 Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name REISEN, MARIANNE 6219 14TH AVE S GULFPORT FL 33707 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		Country		Cour	ntrv				
9. Name and Address of Current Registered Agent REISEN, MARIANNE 6219 14TH AVE S GULFPORT FL 33707 81	<u> </u>		<u>-</u>		,		1		□No
REISEN, MARIANNE 6219 14TH AVE S GULFPORT FL 33707 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 SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				1				Agent	
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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 chapter on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

☐ Change

☐ Change

Addition

Addition