

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000062624 (9)

1. Corporation Name

CHRISTIANE G. MENDE, P.A.



Principal Place of Business

11440 OKEECHOBEE BLVD.
SUITE 206
ROYAL PALM BEACH FL 33411

Mailing Address

11440 OKEECHOBEE BLVD.
SUITE 206
ROYAL PALM BEACH FL 33411

3. Date Incorporated or Qualified

08/25/1994

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 11440 Okeechobee Blvd

26 11440 Okeechobee Blvd

4. FEI Number

65-0514790

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #218

27 #218

City & State

City & State

23 Royal Palm Beach, FL

28 Royal Palm Beach, FL

Zip 33411

Country

25 Palm Bch

Zip 33411

Country

30 Palm Bch

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENDE, CHRISTIANE G
11440 OKEECHOBEE BLVD.
SUITE 206
ROYAL PALM BEACH FL 33411

81 Name
Christiane G. Mende

82 Street Address (P.O. Box Number is Not Acceptable)
11440 Okeechobee Blvd.

83 Suite 218

84 City
Royal Palm Beach

FL

85 Zip Code
33411

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

Christiane G. Mende, Christiane G. Mende

4-12-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MENDE, CHRISTIANE G
STREET ADDRESS 11440 OKEECHOBEE BLVD., #206
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE DPVP ☐ DELETE
NAME MENDE, CHRISIANE G
STREET ADDRESS 11440 OKEECHOBEE BOULEVARD #206
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)