FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
11440 OKEECHOBEE BLVD. SUITE 218 ROYAL PALM BEACH FL 33411 US	11440 OKEECHOBEE BLVD. SUITE 218 ROYAL PALM BEACH FL 33411-8726 US

3. Date Incorporated or Qualified: 08/25/1994
3a. Date of Last Report: 04/17/1996
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

2. Principal Place of Business	2a. Mailing Address
21 11440 Okeechobee Blvd	26 11440 Okeechobee Blvd.
Suite, Apt #, etc: 22 Suite 219	Suite, Apt. #, etc: 27 Suite 219
City & State: 23 Royal Palm Beach, FL	City & State: 28 Royal Palm Beach, FL
Zip: 24 33411 — Country: 25 USA	Zip: 29 33411 — Country: 30 USA

9. Name and Address of Current Registered Agent

MENDE, CHRISTIANE G
11440 OKEECHOBEE BLVD.
SUITE 218
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name: Christiane G. Mende
82 Street Address (P.O. Box Number is Not Acceptable): 11440 Okechobee Blvd.
83 Suite 219
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 [signature] Christiane G. Mende 3/13/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MENDE, CHRISTIANE G		1.2 NAME	
STREET ADDRESS	11440 OKEECHOBEE BLVD., #206		1.3 STREET ADDRESS	Suite #219
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		1.4 CITY-ST-ZIP	
TITLE	DPVP T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MENDE, CHRISIANE G		2.2 NAME	
STREET ADDRESS	11440 OKEECHOBEE BOULEVARD #206		2.3 STREET ADDRESS	Suite #219
CITY-ST-ZIP	ROYAL PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
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	☐ 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 ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: [signature] 3-13-97 (561) 795-3226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #