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FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 219
ROYAL PALM BEACH FL 33411
US

11440 OKEECHOBEE BLVD
SUITE 219
ROYAL PALM BEACH FL 33411
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 11440 Okeechobee Blvd.

Suite, Apt. #, etc.

22 205-B

City & State

23 Royal Palm Beach, FL

Zip Country

24 33411

25 Palm Beach

2a. Mailing Address

26 11440 Okeechobee Blvd.

Suite, Apt. #, etc.

27 205-B

City & State

28 Royal Palm Beach, FL

Zip Country

29 33411

30 Palm Beach

3. Date Incorporated or Qualified

08/25/1994

4. FEI Number

65-0514790

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MENDE, CHRISTIANE G
11440 OKEECHOBEE BLVD.
SUITE 219
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 Okeechobee Blvd.

83

205-B

84

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

Christiane G. Mende

1/26/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS MENDE, CHRISTIANE G
CITY-ST-ZIP 11440 OKEECHOBEE BLVD., SUITE 219 205-B
ROYAL PALM BEACH FL

TITLE ☐ DELETE
NAME DPVP
STREET ADDRESS MENDE, CHRISTIANE G
CITY-ST-ZIP 11440 OKEECHOBEE BLVD., SUITE 219 205-B
ROYAL PALM BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE *Christiane G. Mende* 1-26-98 (2.1) 205-3326

CR2E034 (10/97)