

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90070 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000070115

1. Corporation Name
ALLEN, LANG, CUROTTO & PEED, P.A.



Principal Place of Business 105 E. ROBINSON, STE 201 ORLANDO FL 32801 US	Mailing Address P. O. BOX 3628 ORLANDO FL 32802-3628 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/19/1994	
4. FEI Number 59-3267914	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

LANG, THOMAS F
105 E. ROBINSON, STE 201
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LANG, THOMAS F	
STREET ADDRESS	105 E. ROBINSON ST., STE 201	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ALLEN, THOMAS R	
STREET ADDRESS	105 E. ROBINSON ST., STE 201	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MORRISON, ROBERT W	
STREET ADDRESS	105 E. ROBINSON ST., STE 201	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CUROTTO, DONALD	
STREET ADDRESS	105 E. ROBINSON ST., STE 201	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	105 E. Robinson St., Suite 201
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Peed, Fred M.
3.3 STREET ADDRESS	105 E. Robinson St., Ste 201
3.4 CITY-ST-ZIP	Orlando, FL 32801
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas F. Lang, President

1/21/99 (407) 422-8250

Date Daytime Phone #

CR2E034 (11/98)