## 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 # P94000081501

1. Corporation Name

ED BUNTMAN, P.A.

## Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90010 018 \*\*\*150.00

Principal Place 862 LEMON GR WEST PALM BE	ASS LANE	Mailing Address 862 LEMON GRASS LANE WEST PALM BEACH FL 33414			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 11/04/1994			
2 Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	ı
21	200 51 245111050	26			65-0546924		Not Applicable	ı
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional Required	ı
City & State	/ & State City & State			6. Election Campaign Financing \$5.00 May  Trust Fund Contribution Added to Fe			•	i
Zip	Country 25		Country	1	This corporation owes the current year Into Personal Property Tax.	angible Yes	≝No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		i
862	tman, ed inc Lemon grass lane It palm Beach FL 33414		81 82 83 84	Street Ac	tidress (P.O. Box Number is Not Acceptable)	85 Zij	o Code	
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was autho ons of, Section 607.0505, Florida and title if applicable. (NOTE: Regi	rized by Statutes	the corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	itment as	registered .	( <u>6</u>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN			)  -  -
TITLE NAME STREET ADDRESS	PD Buntman, ED Inc. 862 Lemon Grass Lane	ASS LANE		T ADDRESS		☐ Chang	e Addition	CR2E034 (11/98)
CITY-ST-ZIP	WEST PALM BEACH FL			T-ZIP				, Š
TITLE		☐ DELETE 2.1 TI				☐ Chang	e	١
NAME			2.2 NAME					l
STREET ADDRESS			-	T ADDRESS				ļ
CITY-ST-ZIP				ST-ZIP	11 MARIE 1877 1 1 1	Change	e	1
TITLE		_	3.1 TITLE 3.2 NAME		,			
NAME				TADDRESS				i
STREET ADDRESS		1						l
CITY-ST-ZIP TITLE			3.4. CITY-ST-ZIP 4.1 TITLE			Chang	e Addition	ĺ
NAME		<del></del>	4.1 IIILE 4.2 NAME					l
STREET ADDRESS	<del></del> .			TADDRESS				i
CITY+\$T-ZIP	<del>-</del>		4.4 CITY-S	T-ZIP		- <u> </u>		ست
TITLE			5.1 TITLE			Chang	e Addition	
NAME			5.2 NAME					
STREET ADORESS				T ADDRESS				ı
CITY OT 7ID			5.4 CITY-S	T-23P	•			

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

☐ Addition