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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** 10087917 (R)

HOLIHA	IN & DIAZ, P.A.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Principal Place of Business Mailing Address				a lamitame ten lanti gener antel gette adili adili adili a	LEE IMAIN 18181 LINII 1861 1861
1101 LAKE DESTINY DRIVE SUITE 105 MAITLAND FL 32751		1101 ŁAKE DESTINY DRIVE SUITE 105 MAITLAND FL 32751		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 12/05/1994	
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
il .		26		59-3282611	Not Applicable
Suite, Apt.	#. etc. 350	Suite, Apt. #, etc.	350	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State	_	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25	Zip 29 3	Country 30	This corporation owes or has paid the cu Personal Property Tax due June 30.	urrent year Intangible
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	Agent
110 SUI	,z, victor a D1 lake destiny dr. ITE 105 ITLAND FL 32751		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
			84 City	FL	85 Zip Code
office or re agent I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	is02 and 607.1508, Florida Statutes ate of Florida. Such change was au ligations of, Section 607.0505, Flor	s, the above-named co ithorized by the corpor ida Statutes.	progration submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE	Signature, typed or printed name of registered	agent and tills if applicable (NOTE	Registered Agent signature reg	puired when reinstating) DATE	
12.		AND DIRECTORS	I 13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
ITLE	D	DELETE	1.1 TITLE		Change Addition
IAME	HOLIHAN, MICHAEL W. O		1.2 NAME		
STREET ADORESS	1101 LAKE DESTINY DR., S MAITLAND FL 32751	STE. 105	1.3 STREET ADDRESS		
FILE	D	DELETE	21 TITLE		Change Addition
AMÉ	DIAZ, VICTOR A		2.2 NAME		
TREET ADDRESS	1101 LAKE DESTINY DR., 8 MAITLAND FL 32751	STE. 105	2.3 STREET ADDRESS		
ITY-ST-ZIP	MAILDAND FL 32/31	DELETE	2. 4 CITY - ST - ZIP	<del></del>	Character Lagrania
ITLE		☐ DELETE	3.1 TITLE		Change Addition
AME			3.2 NAME		
TREET ADDRESS			3.3 STREET ADDRESS		
ITY - ST - ZIP	<del></del>	DELETE	3.4. CITY~\$T-ZIP	<del></del>	Change Addition
ITLE		[ ] DELETE	4.1 TITLE		Ti cusude Ti voqipoy
IAME			4.2 NAME		
TREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not quality 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 legat effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee explowered 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 optin all annual reports.

6.4 CITY - ST- ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADORESS CITY-ST-ZIP

CITY-ST-ZIP

Change

Change

Addition

Addition

**FILED** 

Apr 15 1998 8:00am

Secretary of State