Mailing Address 5129 TAMIAMI TR N

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000093235

Principal Place of Business

5129 TAMIAMI TR N

CITY-ST-ZIP

EDWARD E. WOLLMAN, P.A.

NAPLES FL 34103 US		NAPLES FL 34103 US			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed / 12/27/1994				
2. Principal Pl	lace of Business	2a. Mailing Address	J			4. FEI Number			Applied Fo	or
21		26				65-0545582		لـلبــ	Not Applic	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired]		5 Addition Required	
City & State	g	City & State				- 6. Election Campaign Financing		\$5.	00 _. May Be	e]
23		28				Trust Fund Contribution	,	Add	led to Fees	, =
Zip	Country	Zip	Countr	у		8. This corporation owes the current	year Inta	angible		/
24	25	29	30			Personal Property Tax.		☐ Yes	₽	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Reg	stered /	Agent		
		8	81 Name							
Wollman, Edward E				82 Street Address (P.O. Box Number is Not Acceptable)						
5129	Tamiami trail n		82 Street Add			SS (F.O. BOX 14BITIDES 18 1401 Acceptable	,			
SUIT	E 1		83							
napi	LES FL 34103			\perp				11		
			84	4 (City		FL	85 2	Zip Code	
		CO2 + 4 CO7 4EOR Florido Statuto	e the abov		named corner	ration submits this statement for the pur		changin	a its registe	ered
office or re agent. I ar	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was au gations of, Section 607.0505, Flori	ithorized bi	y the	e corporation	ration submits this statement for the pur 's board of directors. I hereby accept th	е арроіл	itment a	s registered	đ
SIGNATURE	Signature, typed or printed name of registered as	pent and title if applicable. (NOTE:	Registered Ag	ent s	ignature required v	when reinstating)	DATE			-
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRE	CTORS IN	12
TITLE	D	☐ DELETE	1.1 TITLE					☐ Char	ige 🔲 A	Addition
NAME	WOLLMAN, EDWARD E		1.2 NAME							
STREET ADDRESS	5129 CASTELLO DR		1.3 STRE	FTAC	DORESS					
	NAPLES FL			1.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	TOTAL CEOTE	☐ DELETE	2.1 TITLE		- " -			Char	nge 🗀 A	Addition
•			2.2 NAME							
NAME					DDDEGO					
STREET ADDRESS			2.3 STRE							
CITY-ST-ZIP		[] oci ere	2.4 CITY					. Cha	nne _ F	Addition
TITLE		<u>□ DE</u> LETE	3,1_TITLE					4[.9+	
NAME			3.2 NAME		- 1					
STREET ADDRESS			3.3 STRE	ETAL	DORESS					
CITY-ST-ZIP			3.4. CITY		ZIP			Och		Addition
TITLE		DELETE	4.1 TITLE					☐ Cha	ige []/	Audition
NAME			4. 2 NAM	E					•	
STREET ADDRESS			4.3 STRE	ET AL	DDRESS					
CITY-ST-ZIP	·		4.4 CITY-	ST-Z	ZiP					A 1 Hel
TITLE		☐ DELETE	5.1 TITLE					☐ Cha	nge ∐ A	Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STRE	ET A	DDRESS					
CITY-ST-ZIP			5.4 CITY-	ST-Z	ZiP					
TITLE		☐ DELETE	6.1 TITLE			-		☐ Cha	nge 🗌 🖊	Addition
NAME			6.2 NAME	Ξ						
STREET ADDRESS	1		6.3 STRE	ETA	ODRESS					
·			6.4 CITY	ST-7	ZIP					
CITY-ST-ZIP	I		0.7 0111	٠, ٤	I					

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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 if changed, o) on an attachment with an address, with all other like empowered. Edward, E. Wollman, Pres. 4/28/99 (941) 435-1533 SIGNATURE:

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90145 035 ***150.00

Daytime Phone #