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03-02-1999 90091 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000000411

1. Corporation Name

CHERYL L. DENABURG, P.A.

ABRAHAM & DENABURG, P.A.



Principal Place of Business

307 E NEW HAVEN AVE
SUITE 2
MELBOURNE FL 32901

Mailing Address

307 E NEW HAVEN AVE
SUITE 2
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1995

4. FEI Number

59-3298073

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

DENABURG, CHERYL L
307 E NEW HAVEN AVE
SUITE 2
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name Cheryl L. Abraham
82 Street Address (P.O. Box Number is Not Acceptable) 307 E. New Haven Ave.
83 Suite #2
84 City Melbourne FL 85 Zip Code 32901

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

Cheryl L. Abraham

1/10/99

12. OFFICERS AND DIRECTORS

D
TITLE ABRAHAM, CHERYL L
NAME 6A COLONIAL WAY
STREET ADDRESS INDIAN HARBOUR BEACH FL
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME Cheryl L. Abraham
1.3 STREET ADDRESS 307 E. New Haven Ave. #2
1.4 CITY-ST-ZIP Melbourne, FL 32901

2.1 TITLE Change Addition
2.2 NAME Dennis L. Abraham
2.3 STREET ADDRESS 307 E. New Haven Ave. #2
2.4 CITY-ST-ZIP Melbourne, FL 32901

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

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

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

6.1 TITLE
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:

Cheryl L. Abraham

1/10/99 407-984-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)