## 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

P95000004068 (9) DOCUMENT # 1. Corporation Name

LAURA A. MCCHESNEY, P.A.

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## **FILED** Jan 15 1998 8:00am Secretary of State



Principal Place of Business					Matting Address				
526 SOUTHARD ST. KEY WEST FL 33040					526 Southard St. Key west fl 33040				
									DO NOT WRITE IN THIS SPACE
									3. Date Incorporated or Qualified 01/05/1995
2. Principal Place of Business					Mailing Address				4. FEI Number Applied For
21					26				65-0571064 Not Applicable
Sulte, Apt. #, etc.					Suite, Apt. #, etc.				\$8.75 Additional
22				27	27				5. Certificate of Status Desired Fee Required
City & State				·	City & State				6. Election Campaign Financing \$5.00 May Be
23				28	28				Trust Fund Contribution Added to Fees
Zip	Country				Zip Country				8. This corporation owes or has paid the current year Intangible
24	25			29		30			Personal Property Tax due June 30. Yes No
g, Name and Address of Current					······································				10. Name and Address of New Registered Agent
P	APY, HUG	ΗE					81	Name	
1214 LAIRD DT. KEY WEST FL 33040							82	Street A	Address (P.O. Box Number is Not Acceptable)
									The state of the s
•					83				
							84	City	loc 7- Code
							84	City	FL 85 Zip Code
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									
office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE			2 j						
BIGINATURE	Signature, typed	or print	ed name of registered ager	r and tile if	applicable (N	MTE Registe	ed Age	nt signature r	recoured whon reinstating) DATE
12.			OF FICERS AND	DIRI C		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D				☐ DELETE	1,1	THE		☐ Crange ☐ Addition
NAME			EY, LAURA A			1.2	NAME	ľ	
STREET ADDRESS			ison st.			1.3	STREET	ADDRESS	
CITY-ST-ZIP	KEY V	vest	FL 33040			1.4	CITY-S	T-7HP	
TITLE					DELETE	21	1171 E		Change Add tion
NAME						22	NAME		
STREET ADDRESS						23	STREET	ADDRESS	
CITY-ST-ZIP						2.4	CITY-S	1 - ZIP	
TITLE					☐ DELETE		3.1 11().1		Change Addition
NAME						3?	NAME		
STREET ADDRESS						3.3	STREET	ADDRESS	
CITY-ST-ZIP						3.4.	CITY - S	1-2IP	
TITLE	-				DETE		TILE		Change Addition
NAME						4.2	NAME		
STREET ADDRESS						4.3	STRŁŁ1	ADORESS	
CITY-ST-ZIP						4.4	CHY-SI	1-20"	
TITLE					☐ DELETE		TITLE		Change Addition
NAME						5.2	NAME	ļ	
STREET ADDRESS						5.3	STRECT.	ADDRESS	
CITY-ST-ZIP							OITY- S1	- 1	
TITLE					DELETE		IIILE		Change Addition
NAME						6.2	NAME		· —
STREET ADDRESS								ADDRESS	
CITY-ST-ZIP							DITY-SI		
14. I hereby c	ertify that th	e infor	mation supplied wil	h this fili	ng does not quality	for the ex	empt	ion stated	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated (	on this annu	ial rop	<b>ort</b> or supplementat	annual	report is true and ac	ocurate ai	nd tha	it miv sian	nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes, and that my name appears in
Block 12 d	or Block 13 i	f chan	igedΩor on an attac	hinent w	rith an address.				( )
			Jana	Ωn	() $()$	> ( )	5	10	1/5/98 205/191/201/1