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 # P95000031534

ANTOINETTE PLOGSTEDT, P.A.

FILED
Apr 08, 1999 8:00 am
Secretary of State
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04-08-1999 90065 028 ***150.00

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- 1 1 1 1 1 1	- CD	Mailing Address			•	1 (58)(59) (18 (8)9) 51111 59111		, ,	
Principal Place		Mailing Address				ļ		-	
34 E. PINE STR		34 E. PINE STREET ORLANDO FL 32801						~	
ORLANDO FL 3	2801	UNLANDO FL 32001				DO NOT WE	RITE IN THIS S	SPACE *.	<u> </u>
	دەنىرى دەنەمىلىدىن ئەمىرىيىلىدىن. د	خيم المستحدد ما المستحددة المستحددة المستحددة المستحددة المستحددة المستحددة المستحددة المستحددة المستحددة الم	·*.			3. Date Incorporated or Qualife	d -	>	marine officer
						04/17/1995			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		A	plied For
21		26				59-3312219		: N	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				a C attach of Status Desired		\$8.75	Additional
22	.,	27				5. Certifcate of Status Desired		Fee R	equired
City & State	9	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	' D		to Fees_
Zip	Country	Zip	Cou	intry	,	8. This corporation owes the cu	rrent year Inta	ngible	<u> </u>
	25	29	30			Personal Property Tax.	·	Yes	□No
24	9. Name and Address of Current		1001	$\overline{}$		10. Name and Address of New	Registered A	gent	
	3. Hume and Address S. Surion			81	Name				
PLOC	GSTEDT, ANTOINETTE D			\Box					
	. PINE STREET			82	Street Addre	ess (P.O. Box Number is Not Accer	otable)		
	ANDO FL 32801			83		<u> </u>			_
OILD	ANDO I E GEOGI			"					
				84	City		FI	85 Zip	Code
				\perp_{\perp}			<u>FL</u>	<u> </u>	-1-4
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	r Florida. Such change was a	utnonzec	o by tr	nameo corpo ne corporatio	oration submits this statement for the on's board of directors. I hereby acc	ept the appoin	tment as re	egistered
-	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	inda Stat	utes.	-				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent s	signature required	d when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO C	FFICERS AN		
TITLE	D	☐ DELETE	1.1 11	ITLE	ļ			Change	Addition
NAME	PLOGSTEDT, ANTOINETTE D		1.2 N	AME.					
STREET ADDRESS	34 E PINE STREET		_ 1.3 S1	TREET A	DORESS			•	
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CI	ITY-ST-	ZIP				
TITLE		☐ DELETE	2.1 TI	ITLE				Change	☐ Addition
NAME			2.2 N	AME	\				
STREET ADDRESS			2.3 S	TREET A	DDRESS				
				CITY-ST-	ſ				
CITY-ST-ZIP TITLE		☐ DELETE	3.1 11		-		-	Change	☐ Addition
		—	3.2 N						
NAME					BODECO				
STREET ADDRESS		•			DORESS				
CITY-ST-ZIP		C SCIETE	_	CITY-ST-	ZIP			Change	Addition
TITLE		☐ DELETE	4,1 Ti					m change	radiildii
NAME			4. 2 N	NAME					
STREET ADDRESS			4.3 S	TREET	DORESS				
CITY-ST-ZIP			4.4 C	ITY-ST-	ZIP			<u></u>	
TITLE .		☐ DELETE	5.1 TI					Change	☐ Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 \$	TREET	ODRESS				
CITY-ST-ZIP			5.4 C	ITY-ST-	ZIP				
TITLE		☐ DELETE	6.1 T	ITLE				Change	☐ Addition
NAME			6.2 N	IAME	ļ		•		
STREET ADDRESS			6.3 S	TREET	ODRESS				
				ITY-ST-					
CITY-ST-ZIP	l .		0.70		· 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 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: