## 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 # P95000064204

KENNETH D. BOYLE O.D., P.A.

Principal Place of Business	Mailing Address		
2420 S. BABCOCK ST MELBOURNE FL 32901	2420 S. BABCOCK ST MELBOURNE FL 32901		

## **FILED** Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90057 028 \*\*\*150.00



2420 S. BABCOCK ST MELBOURNE FL 32901  2420 S. BABCOCK ST MELBOURNE FL 32901			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
					08/18/1995	}	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0604902	Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			_ \$8.	75 Additional	
22		27			5. Certifcate of Status Desired Fe	e Required	
City & State	ب ب حالینسند سید	- City & State		-	6. Election Campaign Financing \$5	.00 May Be	
23		28			Trust Fund Contribution Ad	ded to Fees	
Zip	Country	Zip	Country	1	This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax.		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
			81	Name	е		
BOYLE, KENNETH D 2420 S. BABCOCK ST				82 Street Address (P.O. Box Number is Not Acceptable)			
	BOURNE FL 32901		83	<del> </del>		~~	
			84	City	85	Zip Code	
ł				1	FL   <u>```</u>		
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					e required when reinstating) DATE		
	Signature, typed or printed name of registered agent			nt signature	e required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRI	CTORS IN 12	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIN		
TITLE	POVIE VENNETU D	C. Detric					
NAME	BOYLE, KENNETH D		1.2 NAME				
STREET ADDRESS	2420 S. BABCOCK ST			TADDRESS	S	ì	
CITY-ST-ZIP	MELBOURNE FL 32901	☐ DELETE	1.4 CITY-S	T-ZIP		ange	
TITLE	A Name of the second	☐ DELETE	2.1 TITLE			ange	
NAME	BOYLE, KAREN G		2.2 NAME				
STREET ADDRESS	2420 S. BABCOCK ST		2.3 STREE	TADDRESS	S		
CITY-ST-ZIP	MELBOURNE FL 32901		2. 4 CITY-	ST-ZIP	F30h	ange   Addition ==	
TITLE	and the second s	DELETE	3.1 TITLE		Ch □	arida Modillou .	
NAME			3.2 NAMÉ				
STREET ADDRESS			3.3 STREE	T ADDRES	S		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		anna D Additi	
TITLE		☐ DELETE	4.1 TITLE		□ Ch	ange	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRES	s		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		□ Ch	ange	
NAME			5.2 NAME			Ì	
STREET ADDRESS			5.3 STREE	TADORES	s		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE		□ ch	ange	
NAME	•		6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRES	s		
CITY-ST-ZIP			6.4 C/TY- S	T-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: