

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90045 015 ***150.00

DOCUMENT # **P95000067180**1. Corporation Name

	H. COMANDER, P.A.							
		14-Nt - Address		<u></u> -		1011		
Principal Place		Mailing Address						
13250 SW 74 AVE 13250 SW 74 AVE MIAMI FL 33156 MIAMI FL 33156								
MIAMI FL 33156 US					DO NOT WRITE IN THIS SPACE			
••					3. Date Incorporated or Qualifed			
					08/28/1995	1.		
2. Principal P	tace of Business	2a. Mailing Address			4. FEI Number Applied For	r		
			*		65-0582640 Not Applica	ıble -		
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additions	1		
22					5. Certificate of Status Desired Fee Required			
City & State City & State					8. Election Campaign Financing \$5.00 May Be	- 1		
23		28			Trust Fund Contribution Added to Fees			
Zip	<u> </u>			try	8. This corporation owes the current year Intangible			
24	. — — — —			Personal Property Tax.				
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of Naw Registered Agent			
001	ANDED CAVIE 4		Į:	Name				
	MANDER, GAYLE H		la la	Street Ad	Idress (P.O. Box Number is Not Acceptable)			
	S SE 74TH AVE							
MIAI	MI FL 33158		1	33				
1			-	34 City	85 Zip Code			
			1	- 1	3–1 1 1			
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the ab	ove named co	orporation submits this statement for the purpose of changing its registered	ed		
office or r	registered agent, or both, in the State im familial with, and accept the oblid	e of Florida, Such change was a lations of, Section 607.0505, Flo	nithonzeu orida Statul	oy the corpora es.	proporation submits this statement for the purpose of changing its registered abon's board of directors. I hereby accept the appointment as registered	l		
SIGNATURE	Sail Scorn	arella			3/20/ <i>9C</i>			
SIGNATURE	Signature, typed or prigital name of registered ag							
		ent and trie if applicable. (NOTE	: Registered A	geni signature requ	ulred when reinstating)	_		
12.	OFFICERS A	ent and trie if applicable. (NOTE ND DIRECTORS	Registered A	gent signsture requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	2		
12. TITLE	OFFICERS A	ent and trie if applicable. (NOTE	13.	geni signature requ	ulred when reinstating)	2		
	D OFFICERS A COMANDER, GAYLE H	ent and trie if applicable. (NOTE ND DIRECTORS	13. 1.1 T/TL 1.2 NAW	geni signature requ E	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	2		
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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 ceth; 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 12 or Block 13 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ya Ya	Sig	AA	Man	Bik	ZI LIK	
SIGNATURE	AND TYPE	D OR PRINT	ED NAME OF S	KING OFFE	CER OR DIRE	CTOR