

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State
 07-22-1999 90011 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT **1999**

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



DOCUMENT # **P95000070353**

1. Corporation Name
LAWRENCE M. MALONEY, P.A.



Principal Place of Business Mailing Address

5440 SACRAMENTO COURT EAST ORLANDO FL 32821 **5440 SACRAMENTO COURT EAST ORLANDO FL 32821**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/08/1995

4. FEI Number **59-3339134** 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. Yes No

2. Principal Place of Business 2a. Mailing Address

21 **4036 Brookmyra Drive** 26 **717 East Oak Street**

Suite, Apt. #, etc. Suite, Apt. #: etc.

22 27

City & State City & State

23 **Orlando, FL** 28 **Kissimmee, FL**

Zip Country Zip Country

24 **32837** 25 29 **34744** 30

9. Name and Address of Current Registered Agent

SWART, HARRY J
717 EAST OAK STREET
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

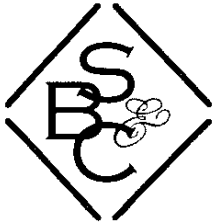
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	P, S, D, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONEY, LAWRENCE M	1.2 NAME	Lawrence M. Maloney
STREET ADDRESS	5440 SACRAMENTO COURT EAST	1.3 STREET ADDRESS	4036 Brookmyra Drive
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **Lawrence M. Maloney** **7/1/99**

CR2E034 (5/99)



593700-90011-6
P95000070353

SWART BAUMRUK & COMPANY, LLP

CERTIFIED PUBLIC ACCOUNTANTS ❖ BUSINESS & FINANCIAL CONSULTANTS

HARRY J. SWART, CPA
ANDY J. BAUMRUK, CPA

July 13, 1999

Division of Corporations
Annual Report Division
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is the Annual Report of Lawrence M. Maloney, P.A. and a check for \$150 for the annual fee.

The report is being filed late due to our client moving and, therefore, never received the first notice. Enclosed is the completed 1999 Annual Report we prepared on their behalf and their payment of \$150.00. You will see in checking their history that they have always filed timely. Therefore, we ask that you abate the penalty for the reasons stated above. To ensure that report is received and filed in a timely manner, we have changed the mailing address of the corporation to our office.

Thank you for your cooperation in this matter and we await your decision.

Sincerely,

Swart Baumruk & Company, LLP

Valerie A. Lee

Enclosures