Applied For Not Applicable

**FILED** 

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90038 016 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600004587

1. Corporation Name

STEPHEN H. KATTELL, CPA, P.A.

Principal Place of Business		Mailing Address		•			
4010 NW 25TH PLACE GAINESVILLE FL 32606		P.O BOX 13494 Gainesville FL 32604 US			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					01/11/1996		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3354615		Not Applicat
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	5. Certifcate of Status Desired		75 Additional e Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country 25	Zip 29 30	Country		This corporation owes the current year     Personal Property Tax.	ar Intangible ☐ Yes	XNo
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VATTE	II STERNEN H CDA		81	Name			
KATTELL, STEPHEN H CPA 4010 NW 25TH PLACE			82	Street Address (P.O. Box Number is Not Acceptable)			
GAINE	SVILLE FL 32606		83				
	and the second of the second o		84	City		EI 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 Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ Addition DELETE 1.1 TITLE TITLE KATTELL, STEPHEN H CPA 1.2 NAME NAME 1.3 STREET ADDRESS 4010 NW 25TH PLACE STREET ADDRESS **GAINESVILLE FL 32606** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

CR2E034 (11/98