

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000017753 (0)
1. Corporation Name

KATHALEEN INMAN, P.A.

Principal Place of Business: 6078 20th Street, Vero Beach, FL 32966
Mailing Address: P.O. Box 4376, Vero Beach, FL 32964

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 02/27/96 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 65-0644787 | |
| 24 Country | | 29 Country | | 30 | |
| 5. Certificate of Status Desired | | | | Applied For | |
| <input type="checkbox"/> | | | | Not Applicable | |
| 6. Election Campaign Financing Trust Fund Contribution | | | | \$8.75 Additional Fee Required | |
| <input type="checkbox"/> | | | | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

INMAN, KATHALEEN
2770 Indian River Blvd., Ste. 316
Vero Beach, FL 32964

10. Name and Address of New Registered Agent - Address

81 Name: KATHALEEN INMAN
82 Street Address (P.O. Box Number is Not Acceptable): 6078 20th Street
83
84 City: Vero Beach FL 85 Zip Code: 32966

change only

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: *Kathaleen Inman* DATE: 4/25/98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 11 TITLE | D, P, VP, S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | INMAN, KATHALEEN | 12 NAME | KATHALEEN INMAN |
| STREET ADDRESS | 2770 Indian River Blvd, STE 316 | 13 STREET ADDRESS | 6078 20th Street |
| CITY-ST-ZIP | Vero Beach, FL 32964-4376 | 14 CITY-ST-ZIP | Vero Beach, FL 32966 |
| TITLE | <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | 200002506582 |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | -04/30/98--01032--013 ***150.00 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Kathaleen Inman* DATE: 4/25/98 (56) 563-0038

CR2E034 (10/97)