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

PROFIT CORPORATION ANNUAL REPORT

1998

· 清雅/新 / 清雅/11/1



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000045377 (4)

GASE & DUMM, P.A.

FILED Apr 14 1998 8:00am Secretary of State

|--|

Principal Place of Business Mailing Address			- I ABBIKABA MAR KARINE BANKE BANKE BANKA BANKA BANKA BANKA BANKA BANKA KARINI MBANKA MBANKA MBANKA MBANKA MBAN		
1411 EDGEWATER DR. 1411 EDGEWATER DR.					
SUITE 103		SUITE 103			
ORLANDO FL 32804		ORLANDO FL 3280	ORLANDO FL 32804		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2. Principal Pl	ace of Business	2a, Mailing Addres	s		05/28/1996 4. FEI Number Applied For
21		26	——————————————————————————————————————		59-3382446 Not Applicable
Suite, Apt	#, etc.		Suite, Apt. #, etc.		SQ 75 Additional
22 544	L 206	27 Sulfe	200		6. Certificate of Status Desired Fee Required
City & State	•	City & State			Election Campaign Financing \$5.00 May Be
23	T Courte	28	1 0-		Trust Fund Contribution
Zip	Country	Ziρ	—	untry	8. This corporation owes or has paid the current year Intangible
24	25 25 Name and Address of Curre	29 nt Registered Agent	30		Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent
OAS .	SE, JAMES E			81 Na	ame
	1 EDGEWATER DR.				
	TE-103			82 Stre	reet Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32804				83 <	Suite 200
012	34100 1 2 02001			100	
				84 City	ty FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, Florida	Statutes, the a	bove nam	med corporation submits this statement for the purpose of changing its registered
agent. I ar	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change jations of, Section 607.05	e was authorize 05, Florida Sta	ed by the i itutes:	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered ag			ed Agent sign	nature required when reinstating) DATE
12.		ID DIRECTORS	13.	17. C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	D Gase, James e				Change C Apprint
STREET ADDRESS 1411 EDGEWATER DR., STE. 409 260			B 1	IAME Street addre	NECC .
CITY-ST-ZIP	ORLANDO FL 32804	100 200		CITY-ST-ZIP	· ·
TITLE	D	DELE			Change Addition
NAME	DUMM, PAUL M	_	22 N		
STREET ADDRESS	1411 EDGEWATER DR., STE.	103- 200		TREET ADORE	RESS
CITY-ST-ZIP	ORLANDO FL 32804	, , , ,		CITY - ST - ZIP	1
TITLE		☐ DELE			Change Addition
NAME			32 N	IAME	
STREET ADDRESS			3.3 S	TREET ADDRE	ness
CITY-ST-ZIP			34.0	CITY-ST-ZIP	
TITLE		☐ DELE	TE 4.1 T	ITLE	Change Addition
NAME			4.21	NAME	
STREET ADDRESS			4.3 S	TREET ADDRE	HESS
CITY-ST-ZIP				ITY-ST-ZIP	
TITLE		☐ DELE			☐ Change ☐ Addition
NAME			5.2 N		}
STREET ADDRESS			1	TREET AODRE	<u> </u>
CITY-ST-ZIP		- Inne		ITY-ST-ZIP	
TITLE		☐ DELE			☐ Change ☐ Addition
NAME			6.2 N		
STREET ADDRESS				TREET ADDRE	
CITY-ST-ZIP	and the state of t	AL DES CESSORS	6.4 C	ITY-ST-ZIP	