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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000071385

1. Corporation Name  
DAVID A. FIFNER, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 8875 HIDDEN RIVER PKWY SUITE 300 TAMPA FL 33637 US  
Mailing Address: 16057 TAMPA PALMS BLVD W. 152 TAMPA FL 33647 US

3. Date Incorporated or Qualified: 08/26/1996

2. Principal Place of Business: 11700 58th St, N. Suite, Apt. #, etc. A  
2a. Mailing Address: 11700 58th St, N. Suite, Apt. #, etc. A

4. FEI Number: 59-3403078  
Applied For: Not Applicable

22. City & State: Temple Terrace, FL  
27. City & State: Temple Terrace, FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. Zip: 33617  
24. Hillsborough  
25. Hillsborough  
28. Zip: 33617  
29. Hillsborough  
30. Hillsborough

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIFNER, DAVID A  
8803 HEATHER GLEN CT.  
TAMPA FL 33647

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Table with 5 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: PD FIFNER, DAVID A, 8875 HIDDEN RIVER PKWY STE. 300, TAMPA FL. Includes a DELETE checkbox.

Table with 5 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes Change and Addition checkboxes.

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: x \_\_\_\_\_ DATE: 4/22/99 813-985-4262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)