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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078754

Corporation Name

DALE E. KROUT, JR., P.A.

Principal Place of Business

5051 CASTELLO DRIVE. SUITE 202 NAPLES FL 34103 Mailing Address

5051 CASTELLO DRIVE. SUITE 202 NAPLES FL 34103

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90021 002 ***150.00



			DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualifed	
			09/20/1996	
Principal Place of Business	2a. Mailing Address	$(\mathcal{H}, \mathcal{P})$	4. FEI Number	Applied For
5185 Castello Hiv		- Mo Prive	65-0739670	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
Suite 2	27 Surte 2		3. 30	Fee Required
City & State	City & State	-	6. Election Campaign Financing	\$5.00 May Be
NAPLES, FL	28 NAPLES	1-6	Trust Fund Contribution	Added to Fees
Zip 34/63 Country	Zip	Country	This corporation owes the current year Inta	
25 USA	29 34/03 31	o USA	Personal Property Tax.	Yes No
9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered A	igent
KDOUT DALE F ID		81 Name		
KROUT, DALE E JR.		82 Street A	Address (P.O. Box Number is Not Acceptable)	
5051 CASTELLO DRIVE, SUITE 202		37	85 Caskello Drive	
NAPLES FL 34103		83	· - + /	
		یک ا	uik 2	
		84 City	クストルのと物できては、「白」	85 Zip Code
Duration to the provisions of Captions 607 050	22 and 607 1509 Etorida Statutos	the above parced	corporation submits this statement for the purpose of co	hanging its registered
office or registered agent, or both, in the State	of Florida. Such change was auth	norized by the corpo	ration's board of directors. I hereby accept the appoin	tment as registered
agent. I am familiar with, and accept the obliga	itions of, Section 607.0505, Florid	a Statutes		
NATURE		_		
Signature, typed or printed name of registered age		egistered Agent signature re		
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
D	☐ DELETE	1.1 TITLE		Change
_	KROUT, DALE E JR.		- /// > -	
201 5051 CASTELLO DRIVE, SUITE 202		1.3 STREET ADDRESS	5185 Costello Dine, Sa	المر. ع
ST ZIP NAPLES FL 34103		1.4 CITY-ST-ZIP	Nooks FL 34103	
	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
		2.2 NAME		
-		2.3 STREET ADDRESS		
: ADDRESS			•	<i>y</i>
ST- ZIP	- Devete	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
	☐ DELETE	3.1 TITLE	سسير والمستخدان والمستحدان	Cuanda Mannou
		3.2 NAME		
(ADDRESS		3.3 STREET ADDRESS		•
ST ZIP		3.4. CITY-ST-ZIP		
	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
(4. 2 NAME		
1 ACRIBESS		4.3 STREET ADDRESS		
ST-ZIP		44 CITY-ST-ZIP		
	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
		5.2 NAME	•	
- I ANDRESS		5.3 STREET ADDRESS	•	
· \		5.4 CITY-ST-ZIP		
ST ZIP	□ DELETE	6.1 TITLE		Change Addition
·	□ nere ie	I i		Thousande Thymolition
-		6.2 NAME		•
1 AUMBEGS	,,	6.3 STREET ADDRESS	•	
ST ZIP		6.4 CITY-ST-ZIP		

... 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 an powered.

-IGNATURE:

1-4-99 (941)263-6610 Daytime Phone #

3R2E034 (11/9)