Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

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

PROFIT CORPORATION ANNUAL REPORT

1999

City & State



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90062 026 ***150.00

DOCUMENT #	[£] P960000791	77

1. Corporation Name RICHARD L. WURZLER, P.A.	019111
Principal Place of Business	Mailing Address
2532 GARDEN STREET TITUSVILLE FL 32796	2532 GARDEN STREET TITUSVILLE FL 32796
2. Principal Place of Business 21 2203 Garden St.	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2a. Mailing Address
2ben St. 26 2203 Garden St. 59-3403482

Suite, Apt. #, etc. 55. Certificate of Status Desired

City & State 6. Election Campaign Financing Trust Fund Contribution

Country Zip Country 8. This corporation owes the cur

Country Zip Country

5-2577 25 Breverd 29 3 2796-2577 30 Breverd

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

		Trust Fund Contribution	- 4	•	Added	d to Fees
	8.	This corporation owes the Personal Property Tax.	current yea		ible Yes	XN€ Oct
	10.	Name and Address of N	ew Register	red Age	ent	
го	ac IE	O Boy Number is Not Ac	centable)			•

:220 3 · 2592 GARDEN STREET	82 83	Street Address (P.O. Box Number is Not Acceptable) New address cruy 2203
	84	City FL 85 Zip Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the at	oove	-named corporation submits this statement for the purpose of changing its registered

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 registere
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.

agent. I a	m familiar with, and accept the obligations of, Section 60	7.0505, Florida	Statutes.				- 2
SIGNATURE	X Willy					1-6-99	
12.	Signature, types of printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS	(NOTE: Re	Registered Agent signature required when reinstating) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
		DELETE	1.1 TITLE	ADDITIONOR	7.11.11.02.0 1.0		☐ Addition
TITLE		OCLETE				—· -	_
NAME	WURZLER, RICHARD L		1.2 NAME		2742	Cuclen st	
STREET ADDRESS			1.3 STREET ADDRESS	New aboves ,	2003	Garden st.	
CITY-ST-ZIP	TITUSVILLE FL 32796		1.4 CITY-ST-ZIP				
TITLE	S	DELETE	2.1 TITLE			Change	☐ Addition
NAME	WURZLER, L. DIANE		2.2 NAME	10		c 1. ct	
STREET ADDRESS	2532-GARDEN STREET		2 3 STREET ADDRESS	New address	2203	Garden st.	
CITY-ST-ZIP	TITUSVILLE FL 32796		2.4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAMÉ			•	
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP		*		
TITLE		DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				÷
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				_
TITLE		DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	, , ;		6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP	·		6.4 CITY-ST-ZIP	<u> </u>			_

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-6-99

Daytime Phone #

R2E034 (11/98)