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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000079765 (9)

LYDIA R. ANNUNZIATA, P.A.

## **FILED** Apr 18 1997 8:00am Secretary of State



Principal Place of Business Mailing Address				r immelder tid tentik shest deint manit matit	i mater teater t	MANT NO BEN MEN	At BEIL LABL	
1972 N.E. 119TH ROAD NORTH MIAMI FL 33181	1972 N.E. 119TH ROAD NORTH MIAMI FL 33181-3318							
7501111 m//m / C 50.101					3. Date Incorporated or Qualified 09/24/1996		te of Last F	Report
2. Principal Place of Busine	ess	2a. Mailing Address			4. FEI Number	<del></del> *		pplied For
21 1052 Monto	omery Road	26 1052 Mon	+ ~ ~ m	oru Boad	59-3433428			ot Applicable
Suite, Apt. #, etc.	Antari. mam	26 1052 Mon Suite, Apt. #, etc.	ug UIII	eri-woav	5. Certificate of Status Desired			Additional
22 Suite 118 City & State		27 Suite 118 City & State				<del></del>	equired	
	Springs, FI		a Sn	rings. F	Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	CountryF.I	Zip	Co	untry	This corporation has liability for it	ntangible		
	USA USA	29 32714	30	USA		Yes 🏌		<del></del>
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and Address of Current	Hegistered Agent		81 Name	10. Name and Address of New Re	gistered A	gent	
ANNUNZIATA, L					Dr. Joyce C. Annu	nzia	t.a	
1972 N.E. 119 ROAD				82 Street Addr	Dr. Joyce C. Annunziata ess (P.O. Box Number is Not Acceptable)			
NORTH MIAMI FL 33181				<u> </u>	1972 N.E. 119 Roa	d		
				83				
				84 City	North Miami,	FL	11	Code
dd. Characast to tax areasis	on of Contant CO7 0500	and 607 1500 Florida Statu	too tha	<del>                                     </del>			1 33	181
office or registered age	int, or both, in the State o	of Florida, Such change was	authoriz	ed by the corporat	oration submits this statement for the p ion's board of directors. I hereby accep	ot the appoint	changing i	registered
agent Tam lam⊯ <del>ar</del> yvitt	i, and accept the obligat	lions of Section 607.0505, F	lorida St	atutes.		~~		-
SIGNATURE .	yce le. a	nnuvet	<u></u>	ed Agent signature requir	4-2-	1/_		***************************************
12.	oriced range of registered agent OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	FRS AND	DIRECTO	BS IN 12
TIME I D	OTTIOLITO TIME	DELETE		TITLE	ADDITIONAL PROPERTY OF THE			Addition
1	ATA, LYDIA R		1	i i	Annunziata, Lydia		```Add	r.only
	119 ROAD		- 1		1052 Montgomery R		Cutt	. 110
	IAMI FL 33181				Altamonte Springs			
TIPLE		DELETE		TITLE	AT Lamonce Springs	_£ <u>F_</u> #d.	☐ Change	Addition
NAME				NAME				
STREET ADDITATES			1	STREET ADDRESS				
OiTY-81-2P				CITY-ST-ZIP				
TIFLE		DELETE		TITLE			Change	Additio
NAME			3.2	NAME				
STREET ADORESS			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 ADORESS				
CHTY - ST - ZHP			44	CITY-ST-ZIP				
THEF		• DELETE	51	TITLE			Change	Addition
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STREET ADDRESS			5.3	STREET ADDRESS				
CITY - ST - ZIP			- 4	CITY-ST-ZIP				
THREE		DELETE		TITLE	1900 - 1 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1		Change	Addition
NAM:			6.2	NAME	*			
STREET ADDRESS				STREET ADDRESS				
CUA 21.25				CiTY-ST-7IP				

14. If do hereby certify that the information supplied with this filling 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 chapaged, or on an attachment with an oddress.