Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90005 003 \*\*\*150.00

## 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 # P96000099356

1. Corporation Name

MICHAEL MALISZEWSKI, P.A.

Principal Place	e of Business	Mailing Address				f 10041000 nem 10150 Atsut 00114		18118 18188 11181	#111# #111 1881
215 S FEDERAL SUITE 100	-	215 S FEDERAL HIGHWAY SUITE 100			DO NOT W	RITE IN THIS	SPACE		
STUART FL 34994 US US US US US					-	Date Incorporated or Qualife			$\overline{}$
09		03				10/09/1996	•	•	ļ
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	<del>- ,</del>	— An	plied For
21 27 E		26 & Same				65-0714710			t Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	Additional	
City & Stat	Α	City & State			+	6. Election Campaign Financing	<u> </u>	\$5.00	May Ro
23 Stua		28 & Same				Trust Fund Contribution	a 🗆	Added to	•
Zip 24 349	Country	Zip 29 4 5 20 30	Cour	itry		This corporation owes the cu Personal Property Tax.	rrent year Inta		) <b>X</b> Xvo
	9. Name and Address of Current	Registered Agent	.		1	0. Name and Address of New	Registered	Agent	`
				81 Name	Mic	had Malirecur	ki		
MALISZEWSKI, MICHAEL					Address	(P.O. Box Number is Not Accept			
215 S FEDERAL HIGHWAY SUITE 100				83	27 [	E. Ocean Blud			
STUART FL 34994				63					
					Stua		FL		794
office or a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	onzed	by the corpo	l corporation's	ion submits this statement for the board of directors. I hereby account	e purpose of ept the appoin	changing its ntment as req	registered gistered
SIGNATURE	Mechal	Mahs					<u> 4(18 (</u>	<u>'99</u>	
12.	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·	distared /	Agent signature r	required writ	ADDITIONS/CHANGES TO C	OFFICERS AN	ID DIRECTO	RS IN 12
TILE T	D ·			1.1 TITLE				Change	☐ Addition
NAME	MALISZEWSKI, MICHAEL		1.2 NA	Æ				•	
STREET ADDRESS	22 5 0 5 0 9 0			EET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		☐ DELETE	2.1 111	E				Change	Addition
NAME			2.2 NAJ	Æ					
STREET ADDRESS			2.3 STF	EET ADDRESS	1				;
CITY-ST-ZIP			2. 4 CF	Y-ST-ZIP	<u> </u>				
TITLE		☐ DELETE	3.1 TIT	E	-	<del>-</del>	المشاء المساء	☐ Change	~ 🖅 Addition
NAME			3.2 NA	<b>JE</b>					
STREET ADDRESS			3.3 STF	EET ADDRESS	i				
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP	<u> </u>				
TITLE		☐ DELETE	4.1 TIT	.E ,				Change	☐ Addition
NAME			4. 2 NA						
STREET ADDRESS			4.3 STI	REET ADDRESS	·				Ï
CITY-ST-ZIP				Y-ST-ZIP	—		_		
TITLE		☐ DELETE	5.1 TIT					☐ Change	Addition
MANE			5.2 NA	4E	1				

CITY-ST-ZIP, [10] 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

561-223-2010

Change

Addition