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FILED

Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham - Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P97000004512 (4)

1. Corporation Name

MICHAEL FALKENSTEIN, P.A.

Principal Place of Business

213 WOODLAND DR
OSPREY FL 34229

Mailing Address

213 WOODLAND DR
OSPREY FL 34229

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1997

4. FEI Number

65-0724086

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes ☒ No ☐

2. Principal Place of Business

21 7485 MARIANA DR.

Suite, Apt. #, etc.

22 SARASOTA, FL.

City & State

23 34231

Zip

Country

24

2a. Mailing Address

26 7485 MARIANA DR.

Suite, Apt. #, etc.

27 SARASOTA, FL.

City & State

28 34231

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FALKENSTEIN, MICHAEL
213 WOODLAND DR
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name

Michael Falkenstein

82 Street Address (P.O. Box Number is Not Acceptable)

7485 MARIANA DR.

83

SARASOTA, FL.

84 City

FL

85 Zip Code

34231

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

Michael Falkenstein

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

1/16/98

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME FALKENSTEIN, MICHAEL
STREET ADDRESS 213 WOODLAND DR
CITY-ST-ZIP OSPREY FL 34229

DELETE

TITLE DV
NAME FALKENSTEIN, NANCY D
STREET ADDRESS 213 WOODLAND DR
CITY-ST-ZIP OSPREY FL 34229

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Michael Falkenstein
1.3 STREET ADDRESS 7485 MARIANA DR
1.4 CITY-ST-ZIP SARASOTA, FL 34231

Change ☒ Addition ☐

2.1 TITLE DV
2.2 NAME NANCY D. FALKENSTEIN
2.3 STREET ADDRESS 213 WOODLAND DR
2.4 CITY-ST-ZIP OSPREY, FL 34231

Change ☒ Addition ☐

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change ☐ Addition ☐

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change ☐ Addition ☐

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change ☐ Addition ☐

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change ☐ Addition ☐

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.

SIGNATURE:

Michael Falkenstein

Signature, typed or printed name of signing officer or director

1/16/98 941.924-8118

CR2E034 (10/97)