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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700004512

MICHAEL FALKENSTEIN, P.A.

Principal Place of Business		Mailing Address				t 1881(89t (19 18 18 18	#14 ##147 ##\$!!	- -	418 84 8418	
7485 MARIANA DR SARASOTA FL 34231		7485 MARIANA DR SARASOTA FL 34231				DO N	OT WRITE	E IN THIS	SPACE:	•
US		US			ŀ	3. Date Incorporated or 01/16/1997			<u> </u>	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number 65-0724086				ot Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status D	esired.		+	Additional equired
City & State		City & State				Election Campaign Fi Trust Fund Contribution				May Be to Fees
Zip	Country 25	Zip 29 3	Count	гу		This corporation owes Personal Property Tax	x		Yes	₹ n∘
	9. Name and Address of Curre	nt Registered Agent		ar a		10. Name and Address	of New Re	gistered A	Agent	
C A I I	VENOTEIN MICHAEI			11 Name						
FALKENSTEIŅ, MICHAEL 7485 MARIANA DR					Addres	s (P.O. Box Number is No		le)		
SAR	ASOTA FL 34231		[8	13			上四值			
	•		- 1	City				<u>FL</u>		Code
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statutes	s, the abo	ve-named	corpora	ation submits this statemen	nt for the p	urpose of the appoil	changing its	s registered egistered
office or r	megistered agent, or both, in the State im familiar with, and accept the obliga	ations of, Section 607.0505, Flori	tnonzea i da Statut	ov the comp	oration	s board of directors. There	ъу посорг		iunen as i	-g.o.o.
office or r	ım familiar with, and accept the obliga	ations of, Section 607.0505, Flore	da Statut	by the corp es.		hen reinstating)		DATE		
office or r agent. I a	m familiar with, and accept the obligitions of the obligition of the obligation of the obligition of the obligition of the obligition of t	ations of, Section 607.0505, Flore	da Statut	by the corp es.				DATE		ORS IN 12
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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 changes or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90070 017 ***150.00