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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700006382

1. Corporation Name

LAURA A. QUIGLEY, PROFESSIONAL ASSOCIATION

	,											
Principal Plac	ce of Business	Mailing Ad	idress				1 100	1861 ILB 18111 (881)	PAILI BALEI DI	OLD COME BOILS	cantara ío	INI 1811E (INI 1981
200 E. ROBINSON STREET 200 E. ROBINSON STREET			-									
SUITE 500 SUITE 500												
ORLANDO FL 32801 ORLANDO FL 32801					DO NOT WRITE 3. Date incorporated or Qualified				IN THIS SF	ACE		
						-1	01/22/1	997	alifed			
	Place of Business	2a. Mailing	Address				4. FEI Numl			•		Applied For
21		26	•				59-342	1154				Not Applicable
Suite, Apt. #, etc.		Apt. #, etc.				5. Certifcate	of Status Des	ired [٦ ;		Additional	
22 27										Fee F	Required	
City & State City & State		State					Campaign Fina	ncing [7		0 May Be	
23		28						d Contribution				d to Fees
Zip	Country	Zip ·		Country	у			pration owes th				
24	25	29		30				Property Tax.			Yes	No
•	9. Name and Address of Curr	rent Registered A	gent . ,-	81	Nam		10. Name an	d Address of	New Regi	stered Age	ent	
QUIC	GLEY, LAURA A ESQ.	ئوسەر يىڭ ئۆچ ^{ىڭ ئ} املاگ	' '	"	Nam	ie						
	E. ROBINSON STREET	(14) 155° 175		82	2 Stre	et Addres	s (P.O. Box N	umber is Not A	cceptable)		
	TE 500						٠,	1 1 2 Jan	والمونج مح	er traterio de	100	ter the sone of the service
	ANDO FL 32801			83	3						1	
0110	ANDO 1 E 32001			84	City		<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			5 Zip	Code
Mary tronger	- A	and the second			1 1					FL		
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	0502 and 607.1508,	Florida Statute	es, the abov	re-nami	ed corpor	ation submits t	his statement f	or the pur	pose of cha	nging if	ts registered
_ Office of I	registered agent, or bout, in the oto	ale of Florida, Such			ithn on							
agent. La	im familiar with, and accept the obl	ligations of, Section	607.0505, Flor	rida Statutes	/ the co	iporation	s board or dire	Clors. Thereby	accept un	о арропши	on as i	registered
৺৺agent∴La	am familiar with, and accept the obl	ligations of, Section	607.0505, Flor	rida Statutes	/ the co	грогаціон	s board of dire	Clors. Thereby	accept un	е арропин	on as i	registered
Signature	am familiar with, and accept the oblination of the state	ligations of, Section	607.0505, Flor	rida Statutes Registered Age	the co s.		hen reinstating)	. 4		DATE		<u> </u>
SIGNATURE 12.	am familiar with, and accept the obling signature, typed or printed name of registered and OFFICERS	ligations of, Section agent and title if applicable. AND DIRECTORS	. (NOTE:	Registered Age	the co s.		hen reinstating)	: \ S/CHANGES T		DATE ERS AND D	IRECT	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS	ligations of, Section agent and title if applicable. AND DIRECTORS	607.0505, Flor	rida Statutes Registered Age	the co s.		hen reinstating)	. 4		DATE ERS AND D		ORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS D QUIGLEY, LAURA A ESQ.	ligations of; Section agent and title if applicable. AND DIRECTORS	. (NOTE:	Registered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S	of the co	re required w	hen reinstating)	. 4		DATE ERS AND D	IRECT	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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90024 042 ***150.00