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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90097 018 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000020811

1. Corporation Name

PATRICIA SALERNO P.A.



Principal Place of Business

7535 LA PAZ COURT STE 108
BOCA RATON FL 33433

Mailing Address

7535 LA PAZ COURT STE 108
BOCA RATON FL 33433

3200 N. OCEAN BLVD. #1805
FT. LAUD., FL 33308

3200 N. OCEAN BLVD #1805
FT. LAUD. FL 33308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3200 N. OCEAN BLVD
Suite, Apt. #, etc.
#1805

2a. Mailing Address

26 3200 N. OCEAN BLVD
Suite, Apt. #, etc.
#1805

22 City & State
23 Ft. LAUD. FL

24 Zip 33308 25 Country USA

27 City & State
28 Ft. LAUD FL

29 Zip 33308 30 Country USA

3. Date Incorporated or Qualified

03/03/1997

4. FEI Number

65-0736625

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SALERNO, PATRICIA
7535 LA PAZ COURT STE 108
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

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

3200 N. OCEAN BLVD. #1805

83

84 City

FT. LAUDERDALE

FL

85

33308

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 *Patricia Salerno*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME SALERNO, PATRICIA
STREET ADDRESS 7535 LA PAZ COURT STE 108
CITY-ST-ZIP BOCA RATON FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 3200 N. OCEAN BLVD #1805
1.4 CITY-ST-ZIP FT. LAUD. FL 33308

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

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.

SIGNATURE: *Patricia Salerno*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99 X 954-396-5878
Date Daytime Phone #

CR2E034 (11/98)