

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 11 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 # P97000030708
 1. Corporation Name:

Cynthia Z. McFarran, P.A.

Principal Place of Business: **2701 S. Ridgewood Avenue Suite 10-C South Daytona, FL 32119**
 Mailing Address: **952 Sandcrest Drive Port Orange, FL 32127**

DO NOT WRITE IN THIS SPACE

| | | | |
|----|---------------------|----|---------------------|
| 21 | 2a. Mailing Address | 26 | 952 Sandcrest Drive |
| 22 | Suite, Apt. #, etc | 27 | State, Apt. #, etc |
| 23 | City & State | 28 | Port Orange, FL |
| 24 | Zip | 29 | 32127 |
| | Country | 30 | USA |

| | |
|---|---|
| 3. Date Incorporated or Qualified | 4-3-97 |
| 4. FET Number | 59-3438148 |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent
Cynthia Z. McFarran
2701 S. Ridgewood Avenue Suite 10-c
South Daytona, FL 32119

| | | |
|----|--|----|
| 81 | Name | |
| 82 | Street Address (P.O. Box Numbers Not Acceptable) | |
| 83 | | |
| 84 | City | FL |
| 85 | Zip Code | |

11. Pursuant to the provisions of Sections 607.0507 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: *Cynthia Z. McFarran* **Cynthia Z. McFarran** **4/29/98**

| 12. OFFICERS AND DIRECTORS | | <input type="checkbox"/> DELETE |
|----------------------------|------------------------------|---------------------------------|
| TITLE | Cynthia McFarran | <input type="checkbox"/> |
| NAME | President | |
| STREET ADDRESS | 952 Sandcrest Drive | |
| CITY-STATE-ZIP | Port Orange, FL 32127 | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | <input type="checkbox"/> |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| 11 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 NAME | | | |
| 13 STREET ADDRESS | | | |
| 14 CITY-STATE-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 NAME | | | |
| 23 STREET ADDRESS | | | |
| 24 CITY-STATE-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 NAME | | | |
| 33 STREET ADDRESS | | | |
| 34 CITY-STATE-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 NAME | | | |
| 43 STREET ADDRESS | | | |
| 44 CITY-STATE-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 52 NAME | | | |
| 53 STREET ADDRESS | | | |
| 54 CITY-STATE-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| 61 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 NAME | | | |
| 63 STREET ADDRESS | | | |
| 64 CITY-STATE-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

14. I hereby certify that the information supplied on this form 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 holder of the power of its sole officer, as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attached statement, without modification.

SIGNATURE: *Cynthia Z. McFarran* **Cynthia Z. McFarran** **4/29/98** **(904) 788-2600**

CR2E034 (10/97)