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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000038380**1. Corporation Name

BARBARA BRYANT RUMPFF, P.A.

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Principal Place	of Bus	ness	Mailing Address						74111 44511 55117			
POST OFFICE E	BOX 813	b	POST OFFICE BOX 8130									
LONGBOAT KEY FL 34228			LONGBOAT KEY FL 34228						DO NOT WE	RITE IN THI	S SPACE	
							2	. Date Incorporat				
							"	04/28/1997	ou or addino	•		
2. Principal Pl	loco of F	lucinace	2a. Mailing Address				4.	FEI Number	·		Ap	plied For
⊢ '	ace or c	ousiliess	26				- "	65-0753077			 	t Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.	***							\$8.75 A	Additional
22	,		27				5.	. Certifcate of Sta	atus Desired		Fee Re	quired
City & State	e		City & State				6.	. Election Campa	ign Financing	, _–	\$5.00	May Be
23			28					Trust Fund Cor	tribution	' D	Added t	o Fees
Zip		Country	Zip	Co	ountry		8.	. This corporation	n owes the cu	rrent year Ir		
24		25	29	30				Personal Prope				421No
	9. N	ame and Address of Curren	t Registered Agent				10.	. Name and Add	iress of New	Registered	Agent	
Dilla	DEC 0	Arbara B			81	Name						
		DF MEXICO DRIVE #1			82	Street Ad	ddress (F	P.O. Box Number	r is Not Accep	table)		
l		KEY FL 34228										
LOIN	ODUA	REI FE 34220			83							
					84	City		·		FI	85 Zip 0	Code
			2 and 607.1508, Florida Statu	stop the	<u> </u>	named co	omoratio	on cubmite this et	atement for th	e nurnose d	f changing its	registered
11. Pursuant	to the p	ovisions of Sections 607.050.	2 and 607. 1506, Florida Statt	nes, me	above	-Hairied Ci	otion's b	acre of directors	I hereby acc	ent the app	pintment as rec	gistered
j oπice or n agent. I a	m famili	n agent, or both, in the State of ar with, and accept the obligat	of Florida. Such change was tions of, Section 607.0505, Fl	lorida Sta	ed by atutes.	the corpor	auonso	oard of directors.	Thereby acc	-pp.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	g.0.0.0
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90095 023 ***158.75