

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90068 012 ***150.00

DOCUMENT # P97000039054

1. Corporation Name

CHRISTOPHER R. QUALMANN, P.A.



Principal Place of Business

924 DELANEY AVE.
ORLANDO FL 32806

Mailing Address

924 DELANEY AVE.
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

59-3443190

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

2. Principal Place of Business

21 101 SOUTHHALL LANE

Suite, Apt. #, etc.

22 400

City & State

23 MAITLAND, FL

Zip

Country

24 32751

25 USA

2a. Mailing Address

26 101 SOUTHHALL LANE

Suite, Apt. #, etc.

27 400

City & State

28 MAITLAND, FL

Zip

Country

29 32751

30 USA

9. Name and Address of Current Registered Agent

QUALMANN, CHRISTOPHER R
924 DELANEY AVE.
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name

CHRISTOPHER R. QUALMANN

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

101 SOUTHHALL LANE

83

SUITE 400

84 City

MAITLAND

FL

85 Zip Code

32751

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 CHRISTOPHER R. QUALMANN

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

(NOTE: Registered agent signature required when reinstating)

4/30/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME QUALMANN, CHRISTOPHER R
STREET ADDRESS 924 DELANEY AVE.
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR / PRESIDENT ☒ Change ☐ Addition
1.2 NAME CHRISTOPHER R. QUALMANN
1.3 STREET ADDRESS 101 SOUTHHALL LANE, SUITE 400
1.4 CITY-ST-ZIP MAITLAND, FL 32751

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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: CHRISTOPHER R. QUALMANN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0104232