## 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

## DOCUMENT # P97000043161 1. Corporation Name

TILIS & LOREN, P.A.

Principal Place of Business

Mailing Address

## FILED Feb 22, 1999 8:00 am **Secretary of State**

02-22-1999 90105 009 \*\*\*150.00



7962 HEAVENER CT 7962 HEAVENER CT LAKE WORTH FL 33467 LAKE WORTH FL 33467 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/12/1997 4 FFI Number Applied For 2a. Mailing Address 2. Principal Place of Business -1301 Clematis 65-0756682 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees Trust Fund Contribution Country 8. This corporation owes the current year Intangible Personal Property Tax. K∭No ☐ Yes 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LOREN, BRUCE E 82 Street Address (P.O. Box Number is Not Acceptable) 7962 HEAVENER CT LAKE WORTH FL 33467 83 84 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE LOREN, BRUCE E 12 NAME 7962 HEAVENER CT STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL 33467 1.4 CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Change TITLE □ DELETE 2.1 TITLE Harry F. Tilis 7962 Heavener Court Lake Worth, Florida 33467 NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIE [7] Change ☐ Addition □ DELETE TITLE 4.1 TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP Change Addition □ DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-7IP CITY-ST-ZIF 6.1 TITLE □ DELETE ☐ Change □ Addition 6.2 NAME NAME 6.3 STREET ADDRESS 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 on the receiver or trustee empeyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed

SIGNATURE:

CR2E034 (11/98)