

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90112 024 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P97000058883

1. Corporation Name
PATRICIA KAREL MCLAUGHLIN, P.A.



Principal Place of Business Mailing Address
 530 98TH AVE. NORTH 530 98TH AVE. NORTH
 NAPLES FL 34108 NAPLES FL 34108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/07/1997

2. Principal Place of Business 2a. Mailing Address
 21 **519 93rd Ave North** 26 **519 93rd Ave North**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number Applied For
59-3459285 Not Applicable

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State **Naples FL** 28. City & State **Naples FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip **34108** 25. Country 29. Zip **34108** 30. Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
MCLAUGHLIN, PATRICIA K
530 98TH AVE. NORTH
NAPLES FL 34108

10. Name and Address of New Registered Agent
 81 Name **McLaughlin, Patricia K**
 82 Street Address (P.O. Box Number is Not Acceptable) **519 93rd Ave. North**
 83
 84 City **Naples FL** 85 Zip Code **34108**

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 K. McLaughlin* DATE **1/6/99**
Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, PATRICIA K	
STREET ADDRESS	530 98TH AVE. NORTH	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	PSTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	McLaughlin, Patricia K		
1.3 STREET ADDRESS	519 93rd Ave. North		
1.4 CITY-ST-ZIP	Naples FL 34108		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Patricia K. McLaughlin* **Patricia McLaughlin 1/6/99 941-514-4350**

CR2E034 (11/98)