## 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 # P9700065873

1. Corporation Name

BARBARA ACKERMAN, P.A.

Prine	сіраі Мас	6 O1 B5	ISINOSS
1999	LINCOLN	DRIVE	#202B

Mailing Address

## FILED May 07, 1999 8:00 am Secretary of State 05-07-1999 90075 004 \*\*\*150.00



1999 LINCOLN DRIVE #202B SARASOTA FL 34236		1999 LINCOLN DRIVE #202B SARASOTA FL 34236		DO NOT WRIT	TE IN THIS	SPACE					
						3. Date Incorporated or Qualifed 07/28/1997					
Principal Place of Business     2a. Mailing Address						4. FEI Number			Applie	d For	
21		26			65-0768900				pplicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired			<b>75</b> Add e Requi			
City & State		City & State	¬ '			Election Campaign Financing     Trust Fund Contribution			00 Ma ded to F	-	
Zip <b>24</b>	Country 25	Zip 3	, ·			8. This corporation owes the current year Intangible Personal Property Tax.					
	9. Name and Address of Current	10. Name and Address of New Registered Agent									
			81	81 Name							
ACKERMAN, BARBARA 1999 LINCOLN DRIVE #202B				Stre	et Addres	ddress (P.O. Box Number is Not Acceptable)					
SARASOTA FL 34236			83	-			- <del></del> -				
			84	City			FL	85	Zip Cod	e	
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508 Florida Statutes	the above	l a-nam	ed comor	ration submits this statement for the		changin	a its rec	istered	
office or n	egistered agent, of both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	orized by	the co	orporation	's board of directors. I hereby accep	t the appoir	itment a	s regist	ered	
	Den a la disconsidera	ons or, seguon objects of hond	a Statutes	•		2_	1-3	0~9	75		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Ager	nt signati	ure required v	when reinstating)	DATE	٠ ر	<del>/</del> -	)	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRE	CTORS	IN 12	
TITLE	D	☐ DELETE	1.1 TITLE					Chai	nge	Addition	
NAME	ACKERMAN, BARBARA		1.2 NAME		ĺ					ĺ	
STREET ADDRESS 1999 LINCOLN DRIVE #202B			1.3 STREET ADDRESS								
CITY-ST-ZIP	SARASOTA FL 34236		1,4 CiTY-S	T-ZIP						}	
TITLE		☐ DELETE	2.1 TITLE					Chai	nge	Addition	
NAME }			2.2 NAME		}					1	
STREET ADDRESS			2.3 STREET	ADDRE	ss						
CITY-ST-ZIP			2.4 CITY-S	T-ZIP	_) _						
TITLE		☐ DELETE	3.1 TITLE					Chai	nge i	Addition	
NAME			3.2 NAME		]					}	
STREET ADDRESS			3.3 STREET	ADDRE	ss					l	
CITY-ST-ZIP			34. CITY-S	T-ZIP							
TITLE		☐ DELETE	4,1 TITLE		\			Chai	nge i	Addition	
NAME			4.2 NAME		1						
STREET ADDRESS			4.3 STREET	ADDRE	:ss					1	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP							
TITLE			5.1/TITLE-		<del>-</del>			Cha	nge	Addition	
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET	ADDRE	SS					}	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP							
TITLE		☐ DELETE	6.1 TITLE					☐ Chai	nge	Addition	
NAME			6.2 NAME		[						
STREET ADDRESS			6.3 STREET	ADORE	ss						
CITY-ST-ZIP			6.4 C(TY-S)	r-ZIP	- 1					ļ	

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.