

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 11 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000099188 (9)

1. Corporation Name
 CINDY A. LOHLEIN, P.A.

Principal Place of Business: 1096 82ND ST. OCEAN MARATHON FL 33050
 Mailing Address: 1096 82ND ST. OCEAN MARATHON FL 33050



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1997

4. FEI Number: 65-0791020 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

GREENMAN, FRANKLIN D
 5800 OVERSEAS HIGHWAY, STE. 40
 MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOHLEIN, CINDY A	1.2 NAME	
STREET ADDRESS	P.O. BOX 501398 (NA)	1.3 STREET ADDRESS	1096-82nd St. Ocean
CITY-ST-ZIP	MARATHON FL 33050	1.4 CITY-ST-ZIP	Marathon, FL 33050
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 -09/14/98--01134--034
 ***150.00

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.

SIGNATURE: _____ DATE: 7/5/98 305743-3376

CR2E034 (5/98)

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GREENMAN & MANZ
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS
ATTORNEYS AT LAW

Franklin D. Greenman, P.A.
David L. Manz, P.A.*

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Marathon, FL 33050
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*Board Certified in Marital & Family Law
Fellow of the American Academy of
Matrimonial Lawyers

July 20, 1998

Division of Corporations
Annual Reports Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Cindy A. Lohlein, P.A.
Our File No: 97-234

Dear Sir or Madam:

Enclosed please find the 1998 Annual Report and filing fee in the amount of \$150.00 for the above referenced corporation. This letter is being written to respectfully request that the Division of Corporations waive the late penalty of \$400.00 for this corporation. The reason for this request is that Mrs. Lohlein is employed by a company that requires her to be away from her home for long periods of time and her mail was not forwarded to her on a timely manner. She was unaware that the annual report would be due for 1998 as the corporation had just been filed in late November or early December of 1997. Also, as registered agent for this corporation we should have received notice of the annual report but unfortunately we did not. Thanking you in advance for your assistance in this matter.

Should you have any questions or need further information, please do not hesitate to contact the undersigned.

Respectfully,



Franklin D. Greenman

FDG/zf

Enclosure

cc: Cindy A. Lohlein