

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000100610

1. Corporation Name

KRISTY LYNN BYRNE, P.A.

Principal Place of Business

1720 NW 21ST CT  
DELRAY BEACH FL 33445

Mailing Address

1720 NW 21ST CT  
DELRAY BEACH FL 33445

2. Principal Place of Business

21 6100 N. Ocean Blvd.

2a. Mailing Address

26 6100 N. Ocean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Ocean Ridge, FL

24 33435

Country

25 U.S.A.

27 City & State

28 Ocean Ridge, FL

29 33435

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

BYRNE, KRISTY  
1720 NW 21ST CT  
DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1997

4. FEI Number

650807235

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

Byrne Kristy

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

6100 N. Ocean Blvd.

83

84 City

Ocean Ridge

FL

85 Zip Code

33435

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

PD  
BYRNE, KRISTY  
1720 NW 21ST CT  
DELRAY BEACH FL 33445

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

PD.

Byrne, Kristy

6100 N. Ocean Blvd

Ocean Ridge, FL 33435

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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-09/17/99--01030--009

\*\*\*\*150.00 \*\*\*\*150.00

TS

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:

Kristy Lynn Byrne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/99

581-740-3669

Date

Daytime Phone #

000008

CR2E034 (5/99)

2

I never  
received the first  
notice for my corporation.  
I would like the  
\$400.00 waved as I  
never received first  
notice. Thank You  
Very much,

Kristy Byrne  
Kristy Byrne.