FILED

03-01-1999 90138 045 ***150.00

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 # P9800003878

 Corporation 	n Name							
JOSEPH	R. POSERINA, P.A.					1 / No. 100 110 210 120 201 221 231 231 231		:0681 :811 (86 1
Principal Place	o of Rucinoss	Mailing Address						
•		2241 NE 43 ST						
2241 NE 43 ST LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064								
	•					DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		\
		1 - 50.77 5.14				01/12/1998 4. FEI Number	Lam	plied For
´	lace of Business	2a. Mailing Addre	SS			65-080f11f		t Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.			etc				\$8.75	
22]	#, 8 10.	27				5. Certifcate of Status Desired	Fee Re	
City & Stat	e	City & State				6. Election Campaign Financing	\$5:00	May Be
23	-	28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	untry	,	8. This corporation owes the current year In	tangible	
24	25	29	30			Personal Property Tax.	☐ Yes	ÄNo
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent	
				81	Name			
POSERINA, JOSEPH R				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
2241 NE 43 ST								
LIGHTHOUSE POINT FL 33064				83				
				84	City	F-1	85 Zip	Code
	<u></u>				<u> </u>	FL	-	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florid of Florida, Such chanc	a Statutes, the a e was authorized	ibov d bv	e-named corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	changing its intment as re	gistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0	505, Florida Stat	utes	3.	, , ,		
SIGNATURE						red when reinstation) DATE		
40	Signature, typed or printed name of registered age	ND DIRECTORS	(NOTE: Registered	a Age	nt signature requir	ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO	ORS IN 12
TITLE	D	DE		ITLE	T	ADDITIONO/OFFICE TO OFFICE ASSESSMENT	Change	Addition
NAME	POSERINA, JOSEPH R		1.2 N					
STREET ADDRESS	2241 NE 43 ST				T ADDRESS			į
	LIGHTHOUSE POINT FL 3306	4			ST-ZIP			
CITY-ST-ZIP	EIGHTHOOGE FORT TE GOOD	T DE			,,	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME			2.2 N	AME	}			
STREET ADDRESS			2.3 S	TREE	TADDRESS			
CITY-ST-ZIP			2.40	CITY-S	ST-ZIP		_	
TITLE	-	☐ DE					☐ Change	Addition
NAME			3.2 N	AME				
STREET ADDRESS			3.3 S	TREE	T ADDRESS			,
CITY-ST-ZIP			3,4. 0	OITY-S	ST-ZIP			
TITLE		☐ DE	LETE 4.1 T	ITLE			Change	☐ Addition
NAME			4.21	NAME				
STREET ADDRESS			4.3 S	TREE	TADDRESS			
CITY-ST-ZIP			4.4 C	ITY-\$	ST-ZIP			
TITLE		□ DE	LETE 51T	ITLE		_	Change	Addition
NAME			5.2 N	IAME				
STREET ADDRESS			5.3 S	TREE	T ADDRESS			
CITY-ST-ZIP			5.4 C	ITY-S	ST-ZIP			

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 truetee 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

INTER NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

Change

☐ Addition