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 # **P98000004943**1. Corporation Name

ANDREW G. SIKET, P.A.

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90071 042 ***150.00



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Principal Place	of Business	Mailing Address					
1400 SILVER SANDS AVE. T400 SILVER SANDS AVE.							
NAPLES FL 34109 1533 NAPLES FL 34109 1533				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	11110 017102	
					01/15/1998		ļ
. D I.D.		2a. Mailing Address			4. FEI Number		Applied For
_ <i>၅///</i>	ace of Business		a		59-3489942	 -	Not Applicable
21 0 6 70	Oolden 6 are HARKNO	Suite, Apt. #, etc.	<u> </u>		0,0	\$8.7	5 Additional
Suite, Apt. #, etc. / Suite, Apt. #, etc27					5. Certifcate of Status Desired		Required
City & State City & State					6. Election Campaign Financing	\$5.0	00 May Be
23 NAPles, FL 28					Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country		8. This corporation owes the current	vear Intangible	
到づひか	ر ₂₅	29 30	7		Personal Property Tax.	ŬYes	<u>∃</u> No
24 3710	9. Name and Address of Current		<u> </u>		10. Name and Address of New Regi	stered Agent	
			81	Name			
SIKET, ANDREW G				Street Ad	dress (B.O. Box Number is Not Acceptable		
-1400 SILVER SANDS AVE				Street Add	o Golden Gate PA	RKWAY	
NAPLES FL 34109-1533			83	C	10 215		
			24	<u> </u>	HE 3/0	05 7	in Code
				City/// j	APIES	FL 👸 3	4105
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508 Florida Statutes,	the above-	named co	rporation submits this statement for the pur tion's board of directors. I hereby accept th	oose of changing	its registered
office or re	egistered agent, or both, in the State-e	Florida. Such drange was auth ons of Section 607,0505. Florida	orized by th a Statutes.	e corpora	ition's board of directors. I hereby accept the	e appointment as	registered
	I self				1//5	5159	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	gistered Agent s	gnature requ	ired when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE	1.1 TITLE		·	Chem	· –
NAME	SIKET, ANDREW G		1.2 NAME		2640 Bolden Gate PA NAPIES, FL34	PRKWAN	ĺ
STREET ADDRESS	1400 SILVER SANDS AVE.	l	1.3 STREET A	DORESS 🕳	1690 Golden Caroli	1.0	
CITY-ST-ZIP	NAPLES FL 34109-1533		1.4 CMY-ST-2	ZIP /	NAPIES FL34	108	
TITLE	☐ DELETE 2.1 T		2.1 TITLE	İ	,	Chan	ge 🔲 Addition
NAME			2.2 NAME				1
STREET ADDRESS			2.3 STREET A	DDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-	ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Chan	ge 🗌 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET A	DORESS			}
CITY-ST-ZIP			3.4. CITY-ST-	ZIP			
TITLE		☐ DELETE	4.1 TITLE	ĺ		Chan	ge 🗌 Addition
NAME			4. 2 NAME				
STREET ADORESS			4.3 STREET A	DDRESS			
CiTY-ST-ZiP			4.4 CITY-ST-2	ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Chan	ge 🗌 Addition
NAME			5.2 NAME		,		
STREET ADDRESS			5.3 STREET A	DORESS			ļ
CITY-ST-ZIP			5.4 CITY-ST-2	ZIP			
TITLE		☐ DELETE	6.1 TITLE			Chan	ge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A	DDRESS		-	
CITY-ST-ZIP			6.4 CITY-ST-2	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.