


**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90193 010 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000019287</b>					
<b>1. Corporation Name</b> <b>KRAUS &amp; WYNE, P.A.</b>					
<b>Principal Place of Business</b> 1072 GOODLETTE ROAD NORTH NAPLES FL 34102			<b>Mailing Address</b> 1072 GOODLETTE ROAD NORTH NAPLES FL 34102		
DO NOT WRITE IN THIS SPACE					
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24			<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		
<b>3. Date incorporated or Qualified</b> 02/27/1998			<b>4. FEI Number</b> 59-3499244		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>Applied For</b> Not Applicable		
<b>6. Election Campaign Financing</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>7. This corporation owes the current year intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>\$5.00 May Be Added to Fees</b>		
<b>8. Name and Address of Current Registered Agent</b> KRAUS, CHERYL R 1072 GOODLETTE ROAD NORTH NAPLES FL 34102			<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
TITLE D P T <input type="checkbox"/> DELETE NAME KRAUS, CHERYL R STREET ADDRESS 1072 GOODLETTE ROAD NORTH CITY-ST-ZIP NAPLES FL 34102			1.1 TITLE P T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE D V P S <input type="checkbox"/> DELETE NAME WYNE, JULET T STREET ADDRESS 1072 GOODLETTE ROAD NORTH CITY-ST-ZIP NAPLES FL 34102			2.1 TITLE V P S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHERYL R KRAUS

Date

Daytime Phone #

4/28/99 941-221-7716

CR2E034 (1/1/98)