

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90016 009 ***500.00
 09-03-1999 90008 003 ****50.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000029058 ✓
 1. Corporation Name
 FABIAN ROSSEL, P.A.

Principal Place of Business: 2825 JOSEPH CIRCLE, OVIEDO FL 32765
 Mailing Address: 2825 JOSEPH CIRCLE, OVIEDO FL 32765



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 10403 AUTUMN GLEN CT, SUITE, APT. #, etc.
 2a. Mailing Address: 10403 AUTUMN GLEN CT, SUITE, APT. #, etc.
 23. City & State: ORLANDO - FL
 28. City & State: ORLANDO - FL
 24. Zip: 32836
 25. Country: ORANGE
 29. Zip: 32836
 30. Country: ORANGE

3. Date Incorporated or Qualified: 03/27/1998
 4. FEI Number: 59-3501854
 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 the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent: ROSSEL, FABIAN, 2825 JOSEPH CIRCLE, OVIEDO FL 32765
 10. Name and Address of New Registered Agent:
 81 Name: ROSSEL, FABIAN
 82 Street Address (P.O. Box Number is Not Acceptable): 10403 AUTUMN GLEN CT
 83
 84 City: ORLANDO, FL, Zip Code: 32836

11. Pursuant to the provisions of sections 607.0502 and 607.1505, 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] DATE: 7/5/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DPS	DELETE <input type="checkbox"/>	1.1 TITLE: DPS	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME: ROSSEL, FABIAN		1.2 NAME: ROSSEL, FABIAN	
STREET ADDRESS: 2825 JOSEPH CIRCLE		1.3 STREET ADDRESS: 10403 AUTUMN GLEN CT	
CITY-ST-ZIP: OVIEDO FL 32765		1.4 CITY-ST-ZIP: ORLANDO - FL - 32836	
TITLE: DVP	DELETE <input type="checkbox"/>	2.1 TITLE: DVP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME: TORRES, LYMARI		2.2 NAME: TORRES, LYMARI	
STREET ADDRESS: 2825 JOSEPH CIRCLE		2.3 STREET ADDRESS: 10403 AUTUMN GLEN CT	
CITY-ST-ZIP: OVIEDO FL 32765		2.4 CITY-ST-ZIP: ORLANDO - FL - 32836	
TITLE:	DELETE <input type="checkbox"/>	3.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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.

SIGNATURE: [Signature] DATE: 7/5/99

CR2E034 (5/99)