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Secretary of State

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CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Matthews Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000032392			
1. Corporation Name EDWARD M. ALBRECHT, P.A. ATTORNEY AT LAW			
Principal Place of Business 4111 LAND O' LAKES BLVD STE 302-E LAND O' LAKES FL 34639		Mailing Address 4111 LAND O' LAKES BLVD STE 302-E LAND O' LAKES FL 34639	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		3. Date Incorporated or Qualified 04/08/1998 4. 54-3509484 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing - Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No	
8. Name and Address of Current Registered Agent ALBRECHT, EDWARD M 4111 LAND O' LAKES BLVD STE 302-E LAND O' LAKES FL 34639		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ☐ DELETE NAME President/Owner STREET ADDRESS Edward M Albrecht CITY-ST-ZIP 4111 LAND O' LAKES BLVD 302-E LA, FL 34639 ☐ DELETE STREET ADDRESS 1524 Grey Eagle Ct CITY-ST-ZIP Wt2 FL 33449 (Home) TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ 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 the empowered.

SIGNATURE: Edward M Albrecht
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

4/21/99 813945-0064
 Date Original Filing #