## PROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

## DIVISION OF CORPORATIONS

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90153 016 \*\*\*150.00

t. Corporation Name									
J "	-	A. SMALDONE, P.A.					_		
	OPUNEO P	4 SMALDONE, I A							(4 <b>61 440 46)</b> 
Pi	rincipal Place	of Business	Mai						
	8 BIRDSONG		528						
LONGWOOD FL 32779 LONGWOOD FL 32779							DO NOT WRITE I	N THIS SPACE	
							3. Date incorporated or Qualifed		
Ш							04/11/1998		plied For
	Principal Pl	lace of Business		Mailing Address			59 228905	<i>~</i> 7 - <del>                                   </del>	t Applicable
21	26   Suite, Apt. #, etc.   Suite, Apt. #, etc.					130015	\$8.75		
22	Suite, April	27					5. Certificate of Status Desired	Fee Re	
44	City & State						8. Election Campaign Financing	\$5.00	May Be
23	,	28				Trust Fund Contribution Added to Fee		ρ Fees	
Г	Zip	CountryZip			Country	<i>'</i>	8. This corporation owes the current		
24		25	29		io[		Personal Property Tax.	Yes	No.
		9. Name and Address	of Current Regist	ered Agent	81	Name	10. Name and Address of New Regi	Biereo Agent	
	IAAA	ES A. SMALDONE, P.A.					IM SMACDONE		
528 BIRDSONG COURT							ress (P.O. Box Number is Not Acceptable)	1	<u> </u>
LONGWOOD FL 32779							& BILDSONG CTI		
ł	LOIN				83				
ļ					84	City	(	FL 85 32	779
-	Durantant	to the newlettees of Cactions	607 0502 and 60	7 1509 Florida Statutos	the above	e-named corr	6 WOOD poration submits this statement for the pure	ose of changing its	registered
"	office or re	egistered agent, or both, in	he State of Florida	Such change was aut	norized by	the corporati	poration submits this statement for the purpon's board of directors. I hereby accept the	appointment as re	alstered
ł	agent. I ar	n familial with, and accept	ing obligations of,	Section 607.0505, Florid	TMCS	A Chara	LDONE 41	11/99	}
s	IGNATURE	Signature, typed or printed name of re	gistared agent artit title If	spriestone (NOTE: A	tegistered Age	nt signature require	id when reinstating)	DATE	
1:	2.	OFFI	CERS AND DIREC	TORS	13.		ADDITIONS/CHANGES TO OFFICE		
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N	ME.			1.2 NAME				1	
ST	REET ADDRESS				1.3 STREET ADDRESS				1
_	ry-st-zip	LONGWOOD FL 32779	<u> </u>		1.4 CITY-5	T-ZIP		Change	Addition
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	ME				22 NAME				
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N	ME !				6.2 NAME	1			ì

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 armuel 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.

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

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