PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90129 006 ***150.00

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DR. DEE	EP AGEE, P.A.					
Principal Place	e of Business	Mailing Address		T SEENING WAS TRANSPORTED IN THE SECOND SEENING SECOND SEC	PD 1990 000E) 120H 510H 1891 1891	
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CASSELBERRY	FL 32707	CASSELBERRY FL 32707		DO NOT WRITE IN THI	S SPACE	
i				3. Date incorporated or Qualifed	1	
1				04/07/1998		
2. Principal P	lace of Business	Za. Malling Address		4. FEI Number	Applied For	
21		26		59-351-2675	- Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 City & State		City & State		A 50 - 10 - 51 - 1	Fee Required	
City a Stati	<i>a</i>	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z3 Zp ====	Country =		Country	=8This corporation owes the current year to		۔ حت
23 — Zip 24	25	—	30	Personal Property Tax.	☐ Yes ☑No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	d Agent	
CDA	MER, CHARLES W		81 Name R	Lani Agee		
				ress (P.O. Box Number is Not Acceptable)	100	
	I FIXGEWATER DR		((400	E. Selva Com Manual D	700	
1420) edgewater dr Ando Fl 32804					
1420	DEDGEWATER DR ANDO FL 32804		83	<u> </u>		
1420					. 85 Zip Code	
1420 ORL	ANDO FL 32804	2 and 607.1508, Florida Statute	83 84 City Ca	sulburi Ha Fl	85 Zip Code 3.27.07	
1420 ORL	ANDO FL 32804	2 and 607.1508, Florida Statute of Florida. Such change was au tions of, Section 607.0505, Flor	83 84 City Ca	sulburi Ha Fl	85 Zip Code 3.27.07	
1420 ORL 11. Pursuant office or n agent. I al	ANDO FL 32804	2 and 607.1508, Florida Statute of Florida. Such change was au tions of, Section 607.0505, Flor	83 84 City Ca		85 Zip Code 3.27.07	
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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 cupolemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 🚽

STREET ADDRESS