FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000036889 1. Corporation Name

THE LAW OFFICES OF PENA & THOMAS P.A.

1112 274	V OTTIOES OF TENA & TIN					
Principal Place of Business Mailing		Mailing Address	ailing Address		1 10E1100) (19 (\$14) ISIN BONN BENN BENN BENN	1 61161 16191 13115 1811 1881
300 S HYDE PARK AVENUE 300 S HYDE PARK AVENUE						
SUITE 220 SUITE 220					ALOX MODITE (N. 71110 OF	
TAMPA FL 33606 TAMPA FL 33606					DO NOT WRITE IN THIS SE 3. Date Incorporated or Qualified	ACE
					04/22/1998	
- Drinning D	leas of Puniness	2a. Mailing Address			4, FEI Number	Applied For
		——————————————————————————————————————			*59-35174075	Not Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				31 331 8000	\$8.75 Additional	
22					5. Certifcate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
28		— ·			Trust Fund Contribution	Added to Fees
Zip Country Zip		1	Country	,	8. This corporation owes the current year Intang	gible
24	25	29 30	7]YesNo
	g. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Ag	ent
			81	Name		
PENA, MARK E			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
300 S HYDE PARK AVENUE					<u> </u>	
SUITE 220			83			
IAMI	PA FL 33606		84	City		85 Zip Code
				1	FL	, The state of the
office or re agent. I a	egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was auth tions of, Section 607.0505, Florida	Statutes	the corporat	rporation submits this statement for the purpose of chition's board of directors. I hereby accept the appointn	nent as registered
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	DIRELTOR	☐ DELETE	1.1 TITLE			Change Addition
NAME	LINANT K G CGNA A COLUMN 12		1.2 NAME			
STREET ADDRESS	ADDRESS 200 COVER 19700 WILL NOC 20		1.3 STREET	T ADDRESS		
CITY-ST-ZIP	TAMPIA FL	33606	1.4 CITY-S	T-ZIP		
TITLE	OLOC TO DELETE 2:		2.1 TITLE			Change
NAME	TAMES A TAKE	OMAS AVE #220	2.2 NAME			
STREET ADDRESS	300 50. HYDE P	MRICAUE 220	2.3 STREET	TADORESS		
CITY-ST-ZIP	MMPA FL 33606 24		2.4 CITY-5	ST-ZIP		
TITLE	. DELETE 3.11		3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP		
TITLE	☐ DELETE 4.1		4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADORESS			4.3 STREE	TADORESS		
CITY-ST-ZIP		4.4 CI		T- ZIP		
TITLE	4		5.1 TITLE		[Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	TADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Γ	Change Addition
NAME	1		6.2 NAME			

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 attaching that an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS:

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90155 026 ***150.00