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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secrefary of State DIVISION OF CORPORATIONS

1000				
DOCUMEN	T# <i>P98</i>	00003	7662	OK
Corporation Name		mn 21		•
Sandra	L. Mondro.	THU, P. T.		

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90234 038 ***150.00

DOCU 1. Corporatio	MENT # P9800	00037662	OK			
1. Corporatio	dra L. Mondro, M.	n PA.	•			
Sano	dra L. Monaro, m	0, 1111.				
				- 393613 ³ - 90234 - 38		
District Dis-	CO	A4-38 A-14		* 393613-90234-38	3 *	4
Principal Plac		Mailing Address				
Sar	ndra L. Mondro MD	. PA		<u>,</u>		
150	-Tank 225 Fag	le Dr		DO NOT WRITE IN THIS	SPACE	
700	, Joney 333 Ly			3. Date Incorporated or Qualifed		
	ndra L. Mondro, MD Forey 335 Eag Jupider,	F 3347 /		4-27-98		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applie	ed For
21		26		45-0734318	Not A	pplicable
Suite, Apt.	#, etc. 🔆	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Add	I
22	<u> </u>	27	<u>. — — — — — — — — — — — — — — — — — — —</u>		Fee Requi	
City: & Stat	10	City & State		6. Election Campaign Financing	\$5.00 Ma	, ,
23 Zin	- T	Zip	Country	Trust Fund Contribution	Added to F	ees
Zip	ু Country	<u></u> — ' — г	30	This corporation owes the current year Int Personal Property Tax.		No
24	9. Name and Address of Current		30	10. Name and Address of New Registered		-
			81 Name			
"	Sandra L. Mondro	mo PA				
	o 1 / wastate	4	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		}
<	Sandra_ 4 MONOR	0	83			
3	Sandra L Mondre 335 Eagle Dr					
	Jupiter F1 33		84 City	FI	85 Zip Cod	ie
11. Pursuant	to the provisions of Sections 607.0502	2 and 607,1508. Florida Statute:	s, the above-named corpo	oration submits this statement for the purpose of	changing its reg	gistered
office or r	egistered agent, or both, in the State of	of Florida. Such change was au	thorized by the corporatio	on's board of directors. I hereby accept the appoin	ntment as regist	tered
anent I a	m tamiliar with and accent the childsti	ions of Section 607.0505. Flori	da Statutes			1
-	m familiar with and accept the obligati	ions of, Section 607.0505, Flori	da Statutes.	. 4-12-4		
agent. I a	m familiar with and accept the obligation of the state of	0 11. 1.	da Statutes.	. 4-12-4		
-	Signature, typed or printed name of registered agent OFFICERS ANI	and title wapplicable. (NOTE:4)	da Statutes.	. 4-12-4	9 ID DIRECTORS	IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	and title wapplicable. (NOTE:4)	da Statutes. Registered Agent signature required 13. 1.1 TITLE	d when reinstating) . 44–12–4	9 ID DIRECTORS	
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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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR