Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90078 014 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000043619

1. Corporation Name

HIDITU I EVANO DA DA

ווטטות נ	EVANS, D.O., F.A.							
Principal Place of Business Mailing Address						i 10051005 112 (010) 10111 02111 00111 00111	); <b>0</b> :000 11110 01101 1	11818 1811 1881
2350 SUNSET POINT ROAD 2350 SUNSET POINT ROAD						_		
SUITE C SUITE C						DA MOT MOTE IN THE OBAGE		
CLEARWATER FL 33765 CLEARWATER FL 33765						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 05/12/1998		
Principal Place of Business     2a. Mailing Address						4. FEI Number	<del></del>	plied For
21 26						59-3513193		t Applicable
Suite, Apt. #, etcSuite, Apt. #, etc				_===		5. Certifcate of Status Desired	\$8:75 A	
22 27						0, 00,000	Fee Re	quired
City & State	• .	City & State		6. Election Campaign Financing	\$5.00			
23		28			Trust Fund Contribution Added to Fees			
Zip 24	Country Zip Cou			y 8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registers	d Agent	
-				Nam	ame			
EVANS, JUDITH L				Stro	ot Addros	ss (P.O. Box Number is Not Acceptable)		
2350 SUNSET POINT ROAD, STE. C				Sue	er Addios	SS (F.O. BOX Hallies is Het Hosephase)		
CLEARWATER FL 34625 337 65			83					
							95 7'n C	Sada
·				City		F	L 85 Zip C	5765
l office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Floric	nonzed by la Statutes	ine co	rporation	ation submits this statement for the purpose 's board of directors. I hereby accept the app	of changing its pointment as rec	registered gistered
	Signature, typed or printed name of registered agent			nt signatu	re required v	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DC IN 12
12.	OFFICERS AND	DELETE	13.		1	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D	☐ DETE!E	1.1 TITLE				onengo	
NAME	247410, 00011112		1.2 NAME					
STREET ADDRESS	21125125			TADDRE	ss	·		
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			□ Change	Addition
TITLE		☐ DELETE	2.1 TITLE			•	∟ Change	L_] Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	LADDRE	ss ===		3	
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP				T A delition
TITLE	•	☐ DELETÉ	3.1 TITLE				Change	Addition .
NAME			3.2 NAME		ľ			
STREET ADDRÉSS			3.3 STREE	T ADDRE	SS			ł
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRE	ss			
CITY-ST-ZIP	•		4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADORE	ss			

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

EVANS

☐ Change

☐ Addition