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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000049048

1. Corporation Name

LISA J. I	BOUCK P.A.							
Principal Place	e of Business	Mailing Address			_	- I 10041604 IIO 10194 (041) OENE 0814 BOSH ODISE (BENERAL PRINTER PRINTER OF	1001 1011 1001
3926 MESA AVI		3926 MESA AVE.						
SARASOTA FL 34233-3743 SARASOTA FL 34233-3743								
						DO NOT WRITE IN THIS	SPACE	
ı						3. Date Incorporated or Qualifed		
		· · · · · · · · · · · · · · · · · · ·			_	05/29/1998	1	East Fac
2. Principal P	lace of Business	2a. Mailing Address	S			4. FEI Number	<u> </u>	Applicable
21		26				65-0839886	\$8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, et	IC.			5. Certifcate of Status Desired	Fee Rec	-
City & Stat		27 City & State				6. Election Campaign Financing	\$5.00 N	<u>-</u>
_	e	28				Trust Fund Contribution	Added to	
Zip	Country	Zip		Country		8. This corporation owes the current year int		
24	25	29	30	•		Personal Property Tax.	Yes [□No
	9. Name and Address of Cur			Ţ		10. Name and Address of New Registered	Agent	
				81	Name			
BOL	JCK, LISA J			82	Stroot Addre	ess (P.O. Box Number is Not Acceptable)		
1	B MESA AVE.			02	Street Addre	ESS (F.O. BOX Number is Not Acceptable)		
SAR	ASOTA FL 34233-3743			83				
ļ				0.4	Cit.		85 Zip C	ode .
				84	City	FL	, `	
office or r	to the provisions of Sections 607, egistered agent, or both, in the Stam familiar with, and accept the ob-	ate of Florida, Stich change	was authoriz	zea ov	ine corporado	oration submits this statement for the purpose of in's board of directors. I hereby accept the appoi	changing its r ntment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Registe	ered Apen	t signature required	(when reinstating) DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	PD	☐ DELE	ETE 1.1	1 TITLE			☐ Change	☐ Addition
NAME	BOUCK, LISA J		1.2	2 NAME				
STREET ADDRESS	3926 MESA AVE.			ZIMME	Į.			
CITY-ST-ZIP	l .		1.3		ADDRESS			
TITLE	OANAOUTA FL 04200-0740					·		
	SARASOTA FL 34233-3743	DELI	1.4	3 STREET		· .	☐ Change	☐ Addition
NAME	SANASUTA PL 34233-3743	☐ DELE	1.4 ETE 2.1	.3 STREET .4 CITY-SI			☐ Change	☐ Addition
NAME STREET ADDRESS	34H43UTA FE 34233-3743	☐ DELI	1.4 ETE 2.1	3 STREET 4 CITY-ST 1 TITLE 2 NAME			☐ Change	Addition
STREET ADDRESS	SARASUTA FE 34233-3743	DELI	1.4 ETE 2.1 2.2 2.3	3 STREET 4 CITY-ST 1 TITLE 2 NAME	T-ZIP		- -	Addition
	SARASUTA FE 34233-3743		1.4 ETE 2.1 2.2 2.3 2.	3 STREET 4 CITY-SI 1 TITLE 2 NAME 3 STREET	T-ZIP	~ ~.	☐ Change	Addition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP