## 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

## May 07, 1999 8:00 am Secretary of State

05-07-1999 90126 005 \*\*\*150.00

DOCUMENT #	P98000051389
Corporation Name	. 00000001000

PETER A GERLICH, PA

Principal Place of Business

11634 IBIS LANE

PORT RICHEY FL 34668

Mailing Address

11634 IBIS LANE

PORT RICHEY FL 34668

DO NOT	WRITE	IN	THIS	SPACE

	Neadow	3. Date Incorporated or Qualifed     06/05/1998     4. FEI Number		
26 11620 1	Neadow	4. FEI Number Applied For		
26 11620 1	Neadow			
	Neadow	100   100 221 951   ET U \ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
0.3. 0.4.4.4.4.		DR 59-3516871 (EIN) Not Applicable		
Suite, Apt. #, etc.		5. Certificate of Status Desired See Required		
City & State 28 PORT RICH	ney FL	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip 29 34668	Country  SO USA	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		
Registered Agent		10. Name and Address of New Registered Agent		
	81 Name			
GERLICH, PETER A 11634 IBIS LANE		82 Street Address (P.O. Box Number is Not Acceptable)		
	83			
	84 City	FL 85 Zip Code		
	28 PORT RICE Zip 29 3 4 68 Registered Agent	28 FORT Richey — L Zip Country 29 3 4 6 8 30 0 SA Registered Agent  81 Name 82 Stree 83		

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

	organization, typed or printed risking or registered agent or	to the it approadle. (1014:71	ogiatarop rigorit signature r			
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	P	☐ Change	M Addition
NAME	GERLICH, PETER A		1.2 NAME	MURIEL A. GERLICH		
STREET ADDRESS	11634 IBIS LANE		1.3 STREET ADDRESS	11620 MEADOW DR	_	
CITY-ST-ZIP	PORT RICHEY FL 34668		1.4 C/TY-ST-Z/P	PORTRICHEY FL 34668-	1120	
TITLE		☐ DELETE	2.1 T/TLE		☐ Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DEFELE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			

4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME

3.3 STREET ADDRESS

3.4. C/TY-ST-ZIP

4.1 TITLE

5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE 6.2 NAME NAME

DELETE

6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

Change

☐ Change

☐ Addition

☐ Addition