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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000056400

1. Corporation Name

LISA DARLENE SHOCK, P.A.

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Principal Place	e of Business	Mailing Address				1 (22120) (27) (21) (21) 22/1 22/1 22/1 22/1		
199 BENT ARROW DRIVE		199 BENT ARROW DRIVE						
DESTIN FL 32541		DESTIN FL 32541			DO NOT WRITE IN T	HIS SPACE		
						Do NOT WRITE IN T Date Incorporated or Qualifed	NO OF AGE	\neg
						3. Date incorporated or Qualifed 06/22/1998		
5 5	During Control	2n Mailing Address				4. FEI Number		Applied For
	lace of Business	2a. Mailing Address				59-3626967		Not Applicable
21		Suite, Apt. #, etc.				09-3026101		5 Additional
Suite, Apt.	#, etc.	<u> </u>				5. Certificate of Status Desired	•	Required
22 City & State		27 City & State		_		6. Election Campaign Financing		00 May Be
	e	⊢ ′				Trust Fund Contribution		ed to Fees
23 Zip	Country	28	Co	untry		This corporation owes the current year		
Zip	25	29	30	u,		Personal Property Tax.	Yes	□No
24	9. Name and Address of Curter		130	f		10. Name and Address of New Register	ed Agent	
	C. Mario and Address of Curren			81	Name			
SHO	CK, LISA DARLENE							
	BENT ARROW DRIVE			82 Street		ress (P.O. Box Number is Not Acceptable)		
	TIN FL 32541			83			_	
				84	City		EL 85 Z	ip Code
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		iz and our. Ibuo. Fiorida Statu				Mation sublines this statement for the purpose	, 0. 0	
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office or r	registered agent, or both, in the State om familiar with, and accept the obliga-	of Florida, Such change was a	authorize	id by th	ne corporation	n's board of directors. I hereby accept the ap	pointment as	registered
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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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90061 024 ***150.00