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 # P98000075897

1. Corporation Name

CYNTHIA S. MUNKITTRICK, P.A.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90155 018 ***150.00



					-	i 1980 alio 181	(B. 1021) (D02 100)
Principal Place of Business Mailing Address							
11295 NW 129 PLACE 11295 NW 129 PLACE							
CHIEFLND FL 32626 CHIEFLND FL 32626					DO NOT WRITE IN THIS SPACE		
1					3. Date Incorporated or Qualifed		
1					08/28/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21	idgo o, Buonicoe	_ // ~ ¬ -	002		59.3533790		Vot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	<u> </u>			\$8.75	Additional
22 27				5. Certifcate of Status Desired	. Fee f	Required	
City & State City & State					6. Election Campaign Financing	\$5.0	0 May Be
23		28 Chiefland	FL		Trust Fund Contribution	,	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year I	ntangible	
24	25	29 32644 30	3 <i>1154</i>	ı	Personal Property Tax.	☐ Yes	Ľ±No
24	9. Name and Address of Curren				10. Name and Address of New Registere	d Agent	
MUNKITTRICK, CYNTHIA S				ame			
				root Add	ess (P.O. Box Number is Not Acceptable)		
11295 NW 129 PLACE			82 St	iest vagle	(F.O. DOX MUTIDES IS NOT Acceptable)		
CHIEFLND FL 32826			83				
						OE 76	Code
			84 Ci	-	F	Ł∣_∣_`	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above-na	med corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing i	ts registered registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was auti- itions of, Section 607.0505, Florida	a Statutes.	COIPOIAGO	it's board of directors. Thereby accept the app	Oli III II GO	,09,010.02
							ļ
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	gistered Agent sign	atura required			
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE	\		Change	e 🔲 Addition 🖁
NAME	MUNKITTRICK, CYNTHIA S		1.2 NAME	1			
STREET ADDRESS	11295 NW 129 PLACE		1.3 STREET ADD	RESS			{
CITY-ST-ZIP	CHIEFLND FL 32626		1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE			Change	e 🗌 Addition
i I NAME			2.2 NAME	Ì			Ì
STREET ADDRESS			2.3 STREET ADD	RESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIF	,		-	·
TITLE		☐ DELETE	3.1 TITLE			☐ Chang	e Addition
NAME	Į.	-	3.2 NAME	ļ			Į
STREET ADDRESS	(3.3 STREET ADD	RESS			
1			3.4. CITY-ST-ZIF				İ
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			Chang	e 🔲 Addition
		<u> ></u>	4. 2 NAME				ļ
NAME			4.2 NAME 4.3 STREET ADD	DECC			
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			☐ Chang	e Addition
TITLE		LI DELETE	5.3 IIILE 5.2 NAME	ĺ			
NAME	(•	DECC			
STREET ADDRESS	ή		5.3 STREET ADD	1			ĺ
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP	<u> </u>		Chana	e 🔲 Addition
TITLE	1	☐ DELETE	6.1 TITLE	ļ		☐ Chang	e LI AUGUDON
NAME			6.2 NAME				
STREET ADDRESS	1	•	6.3 STREET ADD	RESS			j
OTD/ CT 7/0)		6.4 CITY+ST-ZIP	· 1			'

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 of 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 a attachment with an address, with all other like empowered.

SIGNATURE:

WUIRED SIGNING OFFICER OR DIRECTOR