

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

051378

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90151 044 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000078934**

1. Corporation Name  
**BARBARA W. BRONIS, P.A.**



Principal Place of Business <b>3543 S.W. SUNSET TRACE CIRCLE PALM CITY FL 34990</b>	Mailing Address <b>3543 S.W. SUNSET TRACE CIRCLE PALM CITY FL 34990</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>815 Colorado Avenue</b> Suite, Apt. #, etc 22 <b>103</b> City & State 23 <b>Stuart, FL</b> Zip 24 <b>34994</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>P.O. Box 375</b> Suite, Apt. #, etc 27 City & State 28 <b>Stuart, FL</b> Zip 29 <b>34995</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>09/08/1998</b>	4. FEI Number <b>59-3543033</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**BRONIS, BARBARA W  
3543 S.W. SUNSET TRACE CIRCLE  
PALM CITY FL 34990**

10. Name and Address of New Registered Agent

81 Name <b>Barbara W. Bronis</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>815 Colorado Avenue</b>
83 Suite <b>103</b>
84 City <b>Stuart</b>
85 Zip Code <b>FL 34994</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P/V/T/S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BRONIS, BARBARA W</b>		1.2 NAME <b>Bronis, Barbara W.</b>	
STREET ADDRESS <b>3543 S.W. SUNSET TRACE CIRCLE</b>		1.3 STREET ADDRESS <b>815 Colorado Avenue, Ste 103</b>	
CITY-ST-ZIP <b>PALM CITY FL 34990</b>		1.4 CITY-ST-ZIP <b>Stuart, FL 34994</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

*Barbara W. Bronis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/15/99* (561) 220-0212  
Date Signature Phone #

CR2E034 (11/98)