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 # P98000095756

1. Corporation Name

VERA V. MENDONCA, P.A.

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90119 050 ***150.00



									•				
Principal Place of Business Mailing Address													
2415 SOUTH BROWN STREET 2415 SOUTH BROWN STREET							ET	• !					
ORLANDO FL 32806				ORLANDO FL 32806							DO NOT WRITE IN THIS SPACE		
											3. Date Incorporated or Qualifed		
											11/09/1998		
2. Principal Place of Business					2a. Mailing Address						4. FEI Number Applied For		
21					26						59 - 3/4 2210 Not Applicable		
Suite, Apt. #, etc.					Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional		
22											5. Certificate of Status Desired Fee Required		
City & State				-City & State					-		6. Election Campaign Financing \$5.00 May Be		
23				28							Trust Fund Contribution Added to Fees		
Zip	¬ ' — —			Zip Country				ntry			8. This corporation owes the current year Intangible		
24		25		29			30				Personal Property Tax. Yes No		
	9. Name	and A	Address of Current	Regi	stered Age	nt					10. Name and Address of New Registered Agent		
								81 Name					
SWART, HARRY J								82 Street Address (P.O. Box Number			ess (P.O. Box Number is Not Acceptable)		
717 E OAK STREET KISSIMMEE FL 34744								83					
								Щ	O'th c		■■ 85 Zip Code		
								84	City		FL		
11. Pursuant	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 ar	m familiar w	ith, an	d accept the obligation	ns o	f, Section 6	07.0505, Flo	ida Stat	utes.		poration	, , , , , ,		
SIGNATURE	-4 1		ν.										
Signature, typed or printed name of registered agent and trille if applicable. (NOTE: Registered								Agent	t signatu	re required	d when reinstating) DATE DATE		
12.	_		OFFICERS AND	DIR		1 DELETE	13.			10	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
गारि	D	<u> </u>	CDA W		L	DELETE	1.1 TI			P	,		
NAME	MENDONCA, VERA V				1.2 N/					1			
STREET ADDRESS	ODLANDO EL 2000E								ADDRES	SS			
CITY-ST-ZIP	UHLANU	J FL	32806			7 001 070		TY-SI	r-ZIP	 -	Change Addition		
TITLE					L	DELETE	2.1 TI						
NAME							2.2 N						
STREET ADDRESS							2.3 \$	REET	ADDRE	SS			
CITY-ST-ZIP						"ו סבי כדב		ITY-\$	T-ZIP		☐ Change ☐ Addition		
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NAME							3.2 N						
STREET ADDRESS									ADDRE	×S			
CITY-ST-ZIP					r	T DELETE	_	ITY-S	T-ZIP		Change Addition		
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NAME							4.21						
STREET ADDRESS							4.3 S	REET	ADDRE	SS			
CITY-ST-ZIP	·					7		TY-SI	r-zip		Change Addition		
TITLE !					L	DELETE	5.1 TI				☐ Change ☐ Addition		
NAME							5.2 N						
STREET ADDRESS			÷						ADORE	SS			
CITY-ST-ZIP					··			TY-SI	T-ZIP		Charter T Addition		
TITLE						DELETE	6.1 Ti				Change Addition		
NAME							6.2 N			_			
STREET ADDRESS							6.3 S	IREET	ADDRE	5S			

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. CITY-ST-ZIP

SIGNATURE: