

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

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90025 021 \*\*\*150.00

DOCUMENT # P98000100506

1. Corporation Name

LINDA FORMENT, C.P.A., P.A.

Principal Place of Business

1335 ESSEX DRIVE  
WELLINGTON FL 33414

Mailing Address

1335 ESSEX DRIVE  
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1998

4. FEI Number

65-0886808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

26 PO Box 210908

28 Royal Palm Beach, FL

29 33421

9. Name and Address of Current Registered Agent

PINKWASSER, ALAN  
8231 MUIRHEAD CIRCLE  
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name

LINDA FORMENT

82 Street Address (P.O. Box Number is Not Acceptable)

1335 ESSEX DR

83

84 City

Wellington

FL

85 Zip Code

33414

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.

LINDA F. FORMENT, Director

3/18/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FORMENT, LINDA  
STREET ADDRESS 1335 ESSEX DRIVE  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ DELETE

NAME FORMENT, MANUEL  
STREET ADDRESS 1335 ESSEX DRIVE  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ DELETE

NAME FORMENT, RON  
STREET ADDRESS 3850 GALT DRIVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D  
RON FORMENT  
3850 GALT OCEAN DRIVE # 1605  
FORT LAUDERDALE FL 33308

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

LINDA FORMENT, Director

Date

3/18/99 (561) 753-6658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #