


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 APR 26 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **P98000100883**
1. Corporation Name
LYN P. JUAREZ, P.A. *CORPORATE REINSTATEMENT*

Principal Place of Business Mailing Address
N. MAGNOLIA AVE. STE. 101 **227 N. MAGNOLIA AVE. STE. 101**
ORLANDO FL 32801 **ORLANDO FL 32801**

REINSTATEMENT 99-00
3. Date incorporated or qualified: **12/03/1998**

2. Principal Place of Business 32 North Bumby Ave. Suite, Apt. #, etc.		2a. Mailing Address 32 North Bumby Ave. Suite, Apt. #, etc.		4. FEI Number 593545482		Applied For <input checked="" type="checkbox"/> Not Applied SP	
City & State Orlando, FL		City & State Orlando, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 32803 Country USA		Zip 32803 Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent JUAREZ, LYN P 436 ALTALOMA AVENUE ORLANDO FL 32803				10. Name and Address of New Registered Agent 81 Name LYN P. JUAREZ 82 Street Address (P.O. Box Number is Not Acceptable) 83 32 North Bumby Ave. 84 City Orlando FL 85 Zip Code 32803			
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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.
4/18/00

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE 4000003246824	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JUAREZ, LYN P		1.2 NAME	
STREET ADDRESS 227 N. MAGNOLIA AVE. STE. 101	32 North Bumby Ave.	1.3 STREET ADDRESS	-05/10/00--01080--006
CITY-ST-ZIP ORLANDO FL 32801	Orlando, FL 32803	1.4 CITY-ST-ZIP	****908.75 ****908.75
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.

SIGNATURE: _____ DATE: **4/18/00** DAYTIME PHONE #: **(407) 999-9990**