

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

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Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90034 016 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000104554

1. Corporation Name

STEIN, SONNENSCHN, HOCHMAN, PEPPLER & LEWIS, P  
ROFESSIONAL ASSOCIATION

Principal Place of Business

1420 ALAFAYA TRAIL, SUITE 101  
OVIEDO FL 32765

Mailing Address

1420 ALAFAYA TRAIL, SUITE 101  
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1998

4. FEI Number

59-3547170

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

9. Name and Address of Current Registered Agent

STEIN, W. JEFFREY  
1315 TUSKAWILLA RD, SUITE 105  
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name

W. JEFFREY STEIN

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

1420 ALAFAYA TRAIL, STE 101

83

84 City

OVIEDO

FL

85 Zip Code

32765

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 agent 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)

1/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	P.D.			<input type="checkbox"/>
	Michael D. Sonnenschein	1420 ALAFAYA TRAIL, STE 101	OVIEDO FL 32765	
	V.D.			<input type="checkbox"/>
	MARILYN J. HOCHMAN	1420 ALAFAYA TRAIL, STE 101	OVIEDO, FL 32765	
	V.D.			<input type="checkbox"/>
	CHARLES E. LEWIS	1420 ALAFAYA TRAIL, STE 101	OVIEDO, FL 32765	
	V.D.			<input type="checkbox"/>
	W. JEFFREY STEIN	1420 ALAFAYA TRAIL, STE 101	OVIEDO FL 32765	
	S.T.D.			<input type="checkbox"/>
	THOMAS R. PEPPLER	1420 ALAFAYA TRAIL, STE 101	OVIEDO FL 32765	
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)