

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

010771

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # S17754**

1. Corporation Name  
**THERESA A. YASONIS, P.A.**

Principal Place of Business  
**730 EMERSON DRIVE N.E.  
PALM BAY FL 32907  
US**

Mailing Address  
**730 EMERSON DRIVE N.E.  
PALM BAY FL 32907  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/29/1990**
4. FEI Number: **59-3041681** 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
10. Name and Address of New Registered Agent

2. Principal Place of Business		2a. Mailing Address	
21	<b>730 Emerson Dr. N.E.</b>	26	Suite, Apt #, etc.
22	<b>"NO suite"</b>	27	City & State
23	<b>Palm Bay, Fl.</b>	28	Zip
24	<b>32907</b>	25	<b>Brevard</b>
29	Country	30	Country

9. Name and Address of Current Registered Agent

**YASONIS, THERESA DR.  
491 BELLA CAMINO WAY  
INDIALANTIC FL 32903**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	Zip Code
85	<b>FL</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 the filer (if filer is not the registered agent)

NOTE: Registered Agent signature is not needed when filing a change of registered agent.

Date:

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	[ ] DELETE
NAME	<b>YASONIS, THERESA A. D</b>	
STREET ADDRESS	<b>491 BELLA CAMINO WAY</b>	
CITY-ST-ZIP	<b>INDIALANTIC FL</b>	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	<b>PRESIDENT</b>	[X] Change	[ ] Addition
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		[ ] Change	[ ] Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		[ ] Change	[ ] Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		[ ] Change	[ ] Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		[ ] Change	[ ] Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		[ ] Change	[ ] Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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\*\*\*\*150.00 \*\*\*\*150.00

*150  
2/5/99*

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: *Theresa Yasonis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99

407-424-7272

CR2E034 (1/1/98)