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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S20149

(8)

FILED Jan 20 1998 8:00am Secretary of State

WARNER J. CONNICK, PSY.D, P.A.				1 (20) INDA 110 (20) 1 20/10 (20) 1 10/10 (10) 1 10/10 (10) 1	lâin âidin aidhi aidh bibin lâdh
					### #### #### ########################
Principal Place of Business Mailing Address				1 12011010 119 11011 11011 11011 11011	Jen andri Ateli erek elem indi
96 WILLARD STREET SUITE 101 (MARINER SO.) COCDA FL 32922		96 WILLARD STREET SUITE 101 (MARINER SO.) COCOA FL 32922		DO NOT WRITE IN THE	S SPACE
US		US		3. Date Incorporated or Qualified	
				12/21/1990	
\vdash	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3046384	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		9. Starting Occupation Singular	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
CONNICK, WARNER J. 81 Name					
96 WILLARD STREET SUITE 101			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
C	OCOA FL 32922				
			83		
			84 City		85 Zip Code
44 Discussion	to the provisions of Captions 607 0100	and CO7 11.00 Finds Ctateds	the chara second corn	F	
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 to the corporation's board of directors. I hereby accept the appointment as registered					
agont. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutos.					
SIGNATURE	Signature, typed or printed if he of registered agent	and tale if applicable (NOTL)	Huistared Ajont signature requir	red when reinstaling) DAT	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE	DPTS	☐ DELETE	1.1 1DLE		Change 🔀 Addition
NAME	CONNICK, WARNER J.		1.2 NAME		
STREET ADDRESS	96 WILLARD STREET SUITE 1	01	1.3 STREET ADDRESS		9 2 4 2 2
CITY-ST-ZIP	COCOAFL 3292		1.4 CITY-ST-7IP		32922
TITLE		DETETE	21 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELFTE	2.4 CiTY-ST-ZIP		Change Addition
TITLE		LJ DECTIE	3.1 TITLE 3.2 NAME		FT Culturation FT Without [1]
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		,
STREET ADDRESS			4.3 STREET ADDRESS		
CHTY-\$1-71P			4.4 CITY - ST - ZIP		
TITLE		DELFTE	5.1 1/JuE		Change Addition
NAME	Į.		5.2 NAME		
STREET ADDRESS			5.3 STREET AUDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	61 1ITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-S1-ZIP	0	
i 14. i hereby -	certify that the information supplied with	n trus filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes, I further of	ceruiv that the information 📙

4. 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 logal effect as if made under eath; 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.

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