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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # S71053

KATHLEEN A. PAPARELLA, P.A.

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90159 003 \*\*\*150.00



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Principal Place of Business Mailing Address											
1200 CORPORATE CENTERWAY 1200 CORPORATE CENTERWAY											
SUITE 201 SUITE 201 WELLINGTON FL 33414 WELLINGTON FL 33414						DO NOT WRITE IN THIS SPACE					
US US					-	3. Date Incorporated or Qualifed					$\neg$
00						08/02/1991					
2 Principal Pl	ace of Business	2a. Mailing Address			7	4. FEI Nun				Applied For	$\dashv$
21 12783	Westforest Hill Blid	26 1283 Westford	3/H	LIKIV	d).	65-027	74821		<del></del>	Not Applicable	æ
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>	· · · · · · · · · · · · · · · · · · ·					\$8.75	Additional	_
22 #A 27 #A						<ol><li>Certifcal</li></ol>	te of Status Desired			Required	
City & State , (					-	s Election	Campaign Financir	ng	\$5.0	O May Be	_
23 Wellington, FC 28 Wellington,			1). F	-			and Contribution	" D		d to Fees	
			Counti	y		8 This cor	poration owes the c	urrent year Inta	ngible		
24 24	=± 334/4[25] 3 USA 29 334/4 30			isa		Personal Property Tax.					
	9. Name and Address of Current I				1	0. Name a	and Address of New	w Registered /	Agent		$\supset$
			8	1 Name	<del>)</del>						ļ
Paparella, Kathleen A.					1 Address	/P.O. Boy	Number is Not Acce	ntable)			-
1200 CORPORATE CENTERWAY				2 Street	Street Address (P.O. Box Number is Not Acceptable)						
SUITE 201			8	3							
WELL	LINGTON FL 33414		8	4 City	<del>-</del>	_			85 Zip	p Code	$\dashv$
				1				FL		·	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes,	the abo	ve-name	d corporat	tion submits	this statement for t	he purpose of	changing i	its registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligatio	ns of, Section 607.0505, Florida	Statute	y une com s.	porations	DOZIG OF G	rectors, i nereby ab	sept the appoin	idingin as	rogistoros	1
SIGNATURE											-
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required						en reinstating)		DATE			<b>⊣</b> ;
12.	OFFICERS AND DIRECTORS 13.			<del>-</del>	ADDITIONS/CHANGES TO OFFIC			OFFICERS AN			-  :
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14. I hereby certify that the information supplied with this filling 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 of 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 appears, with all other like empowered.