Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90034 027 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V23358

1. Corporation Name

MICHAEL M. WALLACK, J.D., CHARTERED

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Principal Place of Business Mailing Address						( )001				,,, 4,811 B1811 .	#1811 01811 1801	
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SUITE 215		SUITE 215					DO NOT WHITE IN THE CHAOL					
SARASOTA FL 34237			SARASOTA FL 34237			-	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
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		<del>-</del> -					03/24/1					
<del>_</del> , '	lace of Business	<b>├</b> ──	Mailing Address			}	4. FEI Number					oplied For
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Suite, Apt.	#, etc.	<b>├</b> ──┐	Suite, Apt. #, etc.				5. Certifcate	of Status Desir	ed 🗀		T	equired
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24	9. Name and Address of Current		<del></del>	<del>50</del> 1	<del></del> -			Address of N	lew Regis			
				8	Name		<del></del>					
WAL	LACK, MICHAEL M.			_								
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	<u>,                                    </u>			84	City	ARA.	SOTA			FL	85  <i>⋜</i> iV	Code
11 Pursuant	to the provisions of Sections 657.0502	and 60	7 1508, Florida Statute	s, the abov	ve-name	corpora	tion submits th	nis statement fo	r the purpo	ose of c	hanging its	registered
office or n	registered agent of both, in the State of m familiar with, and accordine or igation	f Florida	a. Such change was au	thorized by	y the cor	oration's	board of direc	ctors. I hereby	accept the	appoint	lment as re	gistered
agent. I a	m familiar wart, and accept the optigation	ions or,	. 1			. 1.	144		-	20	109	- 1
CONTRACTOR	// / / / // /							-				
SIGNATURE	Selecture, typed contributed pages of reciprosid agent	and title if		C (A/K) Registeret ko		required wh	en reinstating)			TE T	'	\
	Signature, typed or printed name of regulated agent		Applicable. (NOTE:	Registered Age		required wh		S/CHANGES TO	O OFFICE	RS AND	DIRECTO	ORS IN 12
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14. I hereby certify that the information supplied with this filing does got 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 frue 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 receiper of trustee simpowered 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 attractment with an address, with all other like empowered.

SIGNATURE:

HIRED URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR