

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90112 015 ***150.00

DOCUMENT # V23784

1. Corporation Name
MICHAEL D. SONNENSCHIN, P.A.



Principal Place of Business
105 E. ROBINSON ST., STE 311
ORLANDO FL 32801
US

Mailing Address
105 E. ROBINSON ST., STE 311
ORLANDO FL 32801
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1992

4. FEI Number

59-3127884

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

2. Principal Place of Business

21 1420 AIA FAYA TRAIL

Suite, Apt. #, etc.

22 STE 101

City & State

23 Oviedo FL

Zip

24 32765

Country

25 U.S.

2a. Mailing Address

26 1420 AIA FAYA TRAIL

Suite, Apt. #, etc.

27 STE 101

City & State

28 Oviedo FL

Zip

29 32765

Country

30

9. Name and Address of Current Registered Agent

SONNENSCHIN, MICHAEL D
105 E. ROBINSON ST., STE 311
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name Sonnenschin, Michael D.
82 Street Address (P.O. Box Number is Not Acceptable) 1420 AIA FAYA TRAIL, STE 101
83 Oviedo
84 City 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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME SONNENSCHIN, MICHAEL D
STREET ADDRESS 105 E. ROBINSON ST., STE 311
CITY-ST-ZIP ORLANDO FL 32801

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1420 AIA FAYA TRAIL, STE 101
1.4 CITY-ST-ZIP ORLANDO FL 32765

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 #

MICHAEL D. SONNENSCHIN, PRES 4/26/99 407-6868

CR2E034 (11/98)

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