**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V58561

1. Corporation Name

RICHARD A. FURMAN, P.A.

**FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90025 003 \*\*\*150.00

					· ·			BIEN ANDI NADI	
Principal Place	of Business	Mailing Address				( this bires the last grid and the		<b>-1</b> -11 -1-11 10-1	
521 N KIRKMAN RD 521 N KIRKMAN RD									
IZOHLANDO:FL:3	2808	ORLANDO FL 32808		حند تن		DO NOT WRITE IN	THIS SPACE		
						3. Date Incorporated or Qualifed			
						08/19/1992			
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Ar	plied For	
21		26	26			59-1907501		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required			
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28	28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	The state of the s			8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.	Yes	□No	1
	9. Name and Address of Current Registered Agent					10. Name and Address of New Regis	tered Agent		
		_		81	Name				
FURMAN, RICHARD A.				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			1
521 N KIRKMAN RD				or other regions (1.6. box regions in recorded plane)					
ORL	ANDO FL 32808			83					ļ
				84	City		85 Zip	Code	1
					•		FL   '		
11. Pursuant to the provisions of Sections 607:0502 and 607:1508; Florida Statutes, the above-named of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporagent. I am familiar with, and accept the obligations of, Section 607:0505, Florida Sections SIGNATURE							appointment as re	egistered	
	Signature, typed or printed name of registered ag-			Agent si	igлature require	d when reinstating) Do	ATE DIDECTO	DDC IN 42	- 6
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	Change	Addition	7
TITLE	D SIGNAL SIGNASS A	☐ DELETE	1.1 11				_ "	_	
NAME	FURMAN, RICHARD A.			AME		20 47 2004			5
STREET ADDRESS	521 N. KIRKMAN ROAD				DDRESS	IT WIKIRK MAN	2200		6
CITY-ST-ZIP	ORLANDO FL	CT DELETE:	_	TY-ST-Z	ZIP	32 NI KIRK MAN ORLANDO, FR	2 600	Addition	1 5
TITLE		☐ DELETE:	2.1 T		<u> </u>		Gridings		
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDR		- 1				
C/TY-ST-ZIP			2.4 CITY-ST-ZIP		ŽIP !		Change	Addition	1
TITLE		☐ DELETE	3.1 TITLE						
NAME			3.2 N/						
STREET ADDRESS				TREET A					
CITY-ST-ZIP		- Delete	_	TY-ST-	ZIP		☐ Change	☐ Addition	1
TITLE .		DELETE	4.1 TI		-		Ghange	, Ligation	
NAME			4.2 N						ì
STREET ADDRESS				TREET A					
CITY-ST-ZIP		DELETE	_	ITY-ST-Z	(IP		[] Change	Addition	1
TITLE			5.1 TITLE 5.2 NAME						
NAME				AWIC TREET AL	nopese				
STREET ADDRESS			-1		i				}
CITY-ST-ZIP				CITY-ST-ZIP TITLE			Change	Addition	1
TITLE	☐ DELETE			6.2 NAME					
NAME					DODECC	•			
STREET ADDRESS			6.3 S1	TREET A	DURESS				1

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