

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 # V71905

1. Corporation Name
LINDA SAFRO, P.A.

Principal Place of Business Mailing Address

8781 HOLLY CT. #201
TAMARAC, FL 33321

FILED
99 SEP 27 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/92

4. FEI Number

65-0363854

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDA SAFRO
8781 HOLLY CT. #201
TAMARAC, FL 33321

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

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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

9/22/99 954726-1170

Date

Daytime Phone #

CR2E034 (11/98)

Linda Safro, P.A.
Certified Public Accountant
8781 Holly Court, #201
Tamarac, FL 33321-2036
Telephone & Facsimile: 954 726-1170
e-mail: taxlady@vjmail.com

September 21, 1999

Florida Department of State
Division of Corporations
Attn: Ms. Michele Milligan
P.O. Box 6327
Tallahassee, FL 32314

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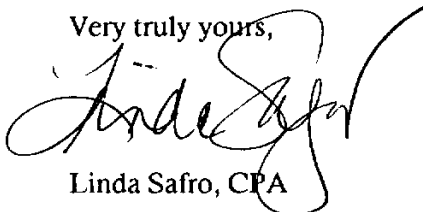
Re: Linda Safro, P.A.
Letter Number: 099A00044535

Dear Ms. Milligan:

Pursuant to our telephone conversation of September 8, 1999, I am enclosing the completed annual report along with a check in the amount of one hundred and fifty dollars for the above mentioned corporation. As we discussed, I never received the annual report in the mail. Also, when I called to get the annual report, the wrong form was sent to me. You were kind enough to make sure that I received the correct form.

Thank you for your help in this matter. If you have any questions, you may reach me at the above telephone number.

Very truly yours,



Linda Safro, CPA

LS/divofcorps.doc