

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

FILED

Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G79284
1. Corporation Name

KATHERINE I. HUMMEL, P.A.

Principal Place of Business	Mailing Address
1735 Flamingo Dr. Orlando, FL 32803	1735 Flamingo Dr. Orlando, FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/18/1984

2. Principal Place of Business	2a. Mailing Address
21 237 Lookout Place Suite, Apt. #, etc. 22 Suite 200 City & State 23 Maitland, FL Zip 24 32751	26 237 Lookout Place Suite, Apt. #, etc. 27 Suite 200 City & State 28 Maitland, FL Zip 29 32751

4. FEI Number 59-2372711	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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

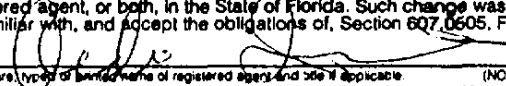
9. Name and Address of Current Registered Agent

HUMMEL, KATHERINE
1735 Flamingo Dr.
Orlando, FL 32803

10. Name and Address of New Registered Agent

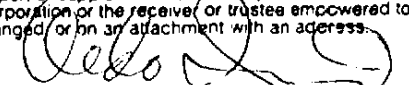
81 Name	ALDO ICARDI
82 Street Address (P.O. Box Number is Not Acceptable)	237 Lookout Place, Suite 100
83	
84 City	Maitland
85 FL	Zip Code 32751

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 607.0605, Florida Statutes.

SIGNATURE  ALDO ICARDI 5-23-98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☒ Change ☐ Add
NAME	HUMMEL, KATHERINE I.	1.2 NAME	
STREET ADDRESS	1735 Flamingo Dr.	1.3 STREET ADDRESS	237 Lookout Place, Suite 200
CITY-ST-ZIP	Orlando, FL	1.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	TS ☒ DELETE	2.1 TITLE	☒ Change ☐ Add
NAME	HUMMEL, MICHAEL G.	2.2 NAME	
STREET ADDRESS	1735 Flamingo Dr.	2.3 STREET ADDRESS	237 Lookout Place, Suite 200
CITY-ST-ZIP	Orlando, FL	2.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☒ Add
NAME		3.2 NAME	S
STREET ADDRESS		3.3 STREET ADDRESS	ICARDI, ALDO
CITY-ST-ZIP		3.4 CITY-ST-ZIP	237 Lookout Place, Suite 100
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Add
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Add
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Add
NAME		6.2 NAME	800002550588
STREET ADDRESS		6.3 STREET ADDRESS	-06/08/98--01020--021
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

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 in an attachment with an address.

SIGNATURE  Sec. (407) 647-1859
4/24/98