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 # 601762

SULLIVAN, BAILEY AND BAILEY A PROFESSIONAL ASSOC

Principal Plac	ce of Business	Mailing Address				- 1 1901(0 01(6) 0E)01 (50() (0E)0 01()0 1(0) 010))		IN MINGS DIMIT IN DE
2335 E ATLAN	TIC BLVD	2335 E ATLANTIC BLVD						
POMPANO BEA	ACH FL 33062	POMPANO BEACH FL 33				ļ		
					•	DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
5 Division 5	N (D)	1				12/16/1969		
	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21	#	26				59-1279808		Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
City & Stat	to.	27 City & State						Required
	t e					6. Election Campaign Financing		May Be
Zip	Country	28 Zip	Cou	ntru		Trust Fund Contribution		d to Fees
24	25	— ·	29 30			8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No		ПМо
24	9. Name and Address of		30			10. Name and Address of New Registered		□NU
	o, mano ana manoo on	out the glatered Agent		81	Name	10. Name and Address of New Negistered i	Agent	
BAIL	EY, PATRICK L.							
2335 E ATLANTIC BLVD				82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
POM	MPANO BEACH FL 33062		ŀ	83				7
							1. 2	
				84	City	FI	85 Zig	o Code
11. Pursuant	to the provisions of Sections 6	07.0502 and 607.1508, Florida Stat	utes, the ab	ove-	named corpor	ration submits this statement for the purpose of	<u>l l</u> changing i	ts registered
office or r	registered agent, or both, in the	State of Florida. Such change was obligations of, Section 607.0505, F	authorized	by th	ne corporation	's board of directors. I hereby accept the appoir	ntment as	registered
	in tallillar with, and accept the	obligations of, Section 607.0303, F	TOTICA STATE	ies.				
SIGNATURE	Signature, typed or printed name of registr	ered agent and title if applicable. (NO	TF: Registered	Agent s	signature required w	when reinstating) DATE	•	
12.	OFFICE	RS AND DIRECTORS	13.	90	agricular roquiros n		D DIRECT	ORS IN 12
TITLE	VPD OFFICE	RS AND DIRECTORS			agriculture required in	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	
			13.	LE				
TITLE	VPD Bailey, Timothy L.	☐ DELETE	13. 1.1 TITI 1.2 NAJ	LE ME	DDRESS			
TITLE NAME	VPD	☐ DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF	LE VIE REET AI	NDDRESS			
TITLE NAME STREET ADDRESS	VPD BAILEY, TIMOTHY L. 2335 E. ATLANTIC BLVD.	☐ DELETE	13. 1.1 TITI 1.2 NAJ	LE ME REET AI Y-ST-2	ADDRESS			e ☐ Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

Bailey

1/4/99

FILED

Jan 20, 1999 8:00am

Secretary of State

01-20-1999 90011 002 ***150.00

954-941-4920

Daytime Phone #