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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90082 009 ***150.00

U	OCUMENT	#	684	いろい) Q
1.	Corporation Name				· •

GENE CANTWELL & ASSOCIATES, INC.

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	B OI DUSHIESS	Maining Address		•			
4774 N.E. 11TH	f. Avenue	4774 N.E. 11TH. AVENUE					
OAKLAND PARI	K FL 33334	OAKLAND PARK FL 33334		DO NOT WRITE IN	THIS SDACE		
, i				3. Date Incorporated or Qualifed	THIS STACE		
						l	
		On theiling Address		08/19/1980 4. FEI Number		plied For	
2. Principal P	lace of Business S.E BALLHNIAN E C.F.	2a. Mailing Address	LANTARES	+ 50 0000400	1 1	t Applicable	
				59-2032180			
Suite, Apt.		رو مسهدی سیمتری است	11016 GC	5. Certifcate of Status Desired	\$8.75 / Fee Re		
	ST. LUCIE FL.	27 PORI _ 31 _ 2.					دے
City & State	1	\vdash \circ \circ	USA	6. Election Campaign Financing	\$5.00 Added t		
23 349	Country	28 3 4 7 3 C	Country	Trust Fund Contribution		(O rees	
Zip	A . — A		, ·	This corporation owes the current your Personal Property Tax.	ear intangible ☐ Yes	□No	
24 349	9. Name and Address of Current	29 30	<u>'l</u>	10. Name and Address of New Regis			
	9. Name and Address of Current	Registered Agent	81 Name	10. Italile and Address Of Item Regis	terou rigent	_	
KING	GSLEY, DAVID J.		_				
	EAST SUNRISE BLVD.		82 Street Add	iress (P.O. Box Number is Not Acceptable)			
1	LAUDERDALE FL		83			_	
F1.1	LAODENDALE FL		63				
•			84 City		85 Zip (Code	
					FL ST		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corporate	poration submits this statement for the purportion's board of directors. I hereby accept the	ose of changing its appointment as re	registered aistered	
agent. I a	m familiar with and accept the obligate	ons of, Section 607:0505, Florida	Statutes.	poration submits this statement for the purpo- tion's board of directors. I hereby accept the			
SIGNATURE		antwell		_			ļ
	Signature, typed or pripted name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature requir		ATE		- ا
							9
12.		DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE			00,7
12.	DPT	DIRECTORS DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	DRS IN 12	44/00
	DPT CANTWELL, EUGENE G		1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICE			00/14/00
TITLE	DPT CANTWELL, EUGENE G 1525 S.E. BALLANTRAE CT		1.1 TITLE	ADDITIONS/CHANGES TO OFFICE			00/4//00
TITLE NAME	DPT CANTWELL, EUGENE G	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition .	00/14/00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPT CANTWELL, EUGENE G 1525 S.E. BALLANTRAE CT PORT ST. LUCIE FL 34952 DVS CANTWELL, MARILYN C	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition .	CD2F034 (44/08
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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 or an attachment with an address with all other like empowered.

SIGNATURE: