Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90133 013 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

•	1999	DIVISION OF CO	RPORATIONS	02-22-1999 9013	3 013 ***158.7	5
DOCUN	MENT # . 195491					
1, Corporation	Maille					
DEVINE A	AND ASSOCIATES, INC.				. 815); 616(1 616); 818(1 616	OT 8180 (88)
Principal Place	of Business	Mailing Address			••••	
2024 CHELAM W	VAY	P.O. BOX 620				
BRANDON FL 33	3511	TAMPA FL 33601		DO NOT WRITE IN	THIS SPACE	
US		U\$		3. Date Incorporated or Qualifed	11110 017102	
				10/01/1987		-
2 Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Appl	lied For
21		26 2024 Chela	m Was	59-2848532	Not a	Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	★ \$8.75 Ad	
22		27		5. Certificate of Status Desired	Fee Req	uired
City & State	•	City & tate		- 6. Election Campaign Financing	\$5.00 M	1ay Be │
23		28 ST N	ndon, FL	Trust Fund Contribution	Added to	Fees
Zip	Country 25	Zip 29 33 5 /1 3	Country	This corporation owes the current yearsonal Property Tax.	ear Intangible ☐ Yes	Νο
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Regis	tered Agent	
			81 Name			- 1
	NE, B. MACK		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
2024 CHELAM WAY						
BRAN	NDON FL 33511		83			1
			84 City		85 Zip Co	ode
			1 1 1		FL "	1
					1	_
l Affice or re	agistered agent or both in the State.	of Florida. Such change was auti	nonzed by the comorat	poration submits this statement for the purp- tion's board of directors. I hereby accept the	ose of changing its re	egistered istered
l Affice or re	egistered agent, or both, in the State n familiar with, and accept the obliga	of Florida. Such change was autoristions of, Section 607.0505, Florid	nonzed by the comorat	poration submits this statement for the purp- tion's board of directors. I hereby accept the	ose of changing its re	egistered istered
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CITY-ST-ZIP 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