PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 1 45404

1. Corporation	TON AND ASSOCIATES, INC	i D								
Principal Place of Business Mailing Address						- '	MII MARAI IIAI AIM	fi Bibli bibli bibli bibli		
1200 SOUTHWEST 3RD STREET 1200 SOUTHWEST 3RD STREET							· •			
201 201										
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069						DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qua	lifed			
						09/11/1989				
2. Principal P コクリタケ	lace of Business, North Anglews Aleme	2a. Mailing Address	ngle	ole 25.	мине	4. FEI Number 65-0142156		 	oplied For ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.	rere	<u>w-, •-</u>	••••	5. Certifcate of Status Desir	ed 🔲	\$8.75	I .	
22 Suit	<u>e K</u>	27 Dute 15		<u> </u>	- -	J. Certificate of Citation Scott	<u>~ . </u>	· Fee Re		
City & Stat	n Manors, FL	28 Wilton Mana	NS.	FL		Election Campaign Finan Trust Fund Contribution	cing		May Be to Fees	
Zip 24 333	Country	Zip 29 33311 30	Coun	ής Τ		This corporation owes the Personal Property Tax.	current year	Intangible Yes	□No	
	9. Name and Address of Current					10. Name and Address of N	ew Registere	ed Agent		
				81 Name						
CREIGHTON, PETER G.				B2 Street	Addre	Address (P.O. Box Number is Not Acceptable)				
1200 SOUTHWEST 3RD STREET SUITE 201				83						
POMPANO BEACH FL 33069				53			-			
, 0			ľ	B4 City			F	85 Zip	Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Fiorida. Such change was auth	orizea	ov tne corb	corpo	ration submits this statement for n's board of directors. I hereby	r the purpose accept the app	of changing its pointment as re	registered egistered	
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				gent signature	required		DATE	AND DIDECT	DC IV 42	
12.				13. 1.1 TITLE 1		ADDITIONS/CHANGES TO	JUFFICERS	Change	Addition	
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NAME	oncionron, refer o.			EET ADDRESS						
STREET ADDRESS	119 NE 19TH COURT #218G		i	-ST-ZIP	İ					
CITY-ST-ZIP TITLE	FT. LAUDERDALE FL S	☐ DELETE	2.1 TITL		1170	e President	$\overline{}$	Change	Addition	
NAME	l .		2.2 NAM		10,7	eighton, 910	•		_	
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TITLE	- TORT BADDETIDALE TE GOOD	□ DELETE	3.1 TITI					Change	☐ Addition	
NAME			3.2 NAI	Æ						
STREET ADDRESS	ESS 3.3		3.3 STF	EET ADDRESS						
CITY-ST-ZIP		3.4		Y-ST-ZIP						
TITLE		☐ DELETE	4.1 TiTl	E				Change	☐ Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STF	EETADDRESS						
CITY-ST-ZIP			4.4 CIT	/-ST-ZIP						
TITLE		☐ DELETE	5.1 TITI					Change	☐ Addition	
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STREET ADDRESS				EET ADORESS	-				Ī	
CITY-ST-ZIP				Y-ST-ZIP	}			// Chan	Addition	
TITLE		☐ DELETE	6.1 TITI					Change	☐ Addition	
NAME	A Transfer		6.2 NA							
PERSONAL ADDRESS	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		■ 0.3 S∏	EET ADDRESS	1					

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 suppliemental 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 of the receiver or trystee 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, over a lattach flerification of the receiver of the corporation of the receiver or trystee empowered.

6.4 CITY-ST-ZIP

SIGNATURE: Y

CITY-ST-ZIP.

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90054 010 ***150.00