## 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 # L85143

STREET ADDRESS

ADVISORS ASSOCIATES, INC.

	<u> </u>						ii) pibii diali bibii didi	<b>  </b>
Principal Place	of Business	Mailing Address						
5901 N.W. 151	ST.	8330 MENTEITH TERR						
#103A		MIAMI LAKES FL 33016				DO NOT WRITE IN THE SPACE		
MIAMI LAKES FL 33014		US				DO NOT WRITE IN THIS SPACE		
US					3.	Date Incorporated or Qualifed		
						06/29/1990		
2. Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Number		Applied For
21		26			,	65-0200981	1	Not Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.				+	\$8.75	Additional
<del></del> _	, 0.00	<u></u>			5.	Certifcate of Status Desired	Fee'r	Required
22 Cib. 8 State		City & State			-	Election Campaign Financing	\$5.00	May Be
City & State	* <u>.</u>	<b>⊢</b> ′			6.	Trust Fund Contribution		to Fees
23		28 Zip	Count	n/	<del></del>			
Zip	Country	<b>—</b>	_	ıy	8.	This corporation owes the current	Yes Yes	<b>13</b> 146
24	25	11	80			Personal Property Tax.		LIBATO
	9. Name and Address of Current	Registered Agent		<u> </u>	10.	. Name and Address of New Reg	stered Agent	
	27		18	1 Name				
SPANO, ROBERT R			5	82 Street Address (P.O. Box Number is Not Acceptable)		)		
8330	MENTEITH TERR	÷	02 Street Addre		1000 (1			
MIAN	NI LAKES FL 33016		1	3			, 13 may 3 h	· 14 4
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11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statutes	s, the abo	ve-named	corporatio	on submits this statement for the pur loard of directors. I hereby accept the	pose or changing in the appointment as	registered
office or re	egistered agent, or both, in the State of medical familiar with, and accept the obligation	ons of Section 607.0505, Flori	da Statut	as.	JI allon & D	bald of displays. The object is	,	
agent ra						•		
SÍGNATURE	Stangura, based or printed name of registered agent	and title if applicable. (NOTE: F	Registered A	ent signature re	equired when	reinstating)	DATE	
	Signature, typed or printed name of registered agent OFFICERS AND		Registered A	gent signature re		reinstating) ADDITIONS/CHANGES TO OFFICE		FORS IN 12
12.	Signature, typed or printed name of registered agent OFFICERS AND	DIRECTORS	13.			1001000119/		
<b>12.</b> πτ.ε	OFFICERS AND		13.			1001000119/	ERS AND DIREC	
12. TITLE .	P SPANO, ROBERT R.	DIRECTORS	13. 1.1 TITL 1.2 NAM	E		1001000119/	ERS AND DIREC	
<b>12.</b> πτ.ε	P SPANO, ROBERT R. 8330 MENTEITH TERR	DIRECTORS	13. 1.1 TITL 1.2 NAM			1001000119/	ERS AND DIREC	
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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 of the section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 of the section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an oath is a same legal effect as if made under oath; that I am an oath is a same

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

**FILED** 

Jan 23, 1999 8:00am

**Secretary of State** 

01-23-1999 90045 024 \*\*\*150.00