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PROFIT : CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000062169

1. Corporation Name

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

04-08-1999 90092 012 \*\*\*158.75

}	R. MAURER, INC.											
Principal Plac	ce of Business	Ma	ailing Address					i implimmt ten impart antst anstte g		E1118 (168) 1		10 1011 1011
12305 SW 2547			05 SW 254TH TERRAC	CE			`					
PRINCETON FL 33032 PRINCETON FL 33032							DO NOT WRITE IN THIS SPACE					
<u> </u>	والتوميدة الهيمة مشيسية المستعبد		د هر <del>و ایکنت</del> بختی د	- "			1	3. Date Incorporated or Qualifect	i			
				_				07/13/1998				
	Place of Business	<u> </u>	Mailing Address			_		4. FEI Number = 65=0851/2	802			ed For
21	# - 1	26	Suite, Apt. #, etc.				ا يەسىلەت	= = 00.00 to 0.00		\$8.7		Applicable - ditional
Suite, Apt.	. #, etc.	27	Suite, Apt. #, etc.					5. Certificate of Status Desired	×		Requ	
City & Stat	te		City & State					6. Election Campaign Financing		\$5.0	00 M	ay Be
23		28		_				Trust Fund Contribution		Add	ed to I	Fees
Zip	Country	-	Zip		intry			8. This corporation owes the cu	rrent year In		۳.	7.L.
24	25	29		30	1		1	Personal Property Tax.  10. Name and Address of New	Rogistered	☐ Yes	<u>L.</u>	]No
	9. Name and Address of Curre	ent Regist	tered Agent	_	81	Name		IV. Name and Address of New	Registered	Agent		
MAL	Jrer, Steven R				Ш					*		
	05 SW 254TH TERRACE				82	Street A	Addres	s (P.O. Box Number is Not Accep	table)			
PRIN	NCETON FL 33032				83							
	•				0.4	Cit.				85 2	Zip Co	de
	to the provisions of Sections 607.05 registered agent, or both, in the State		•		84	City			Fl	_	•	
agent. I a	am familiar with, and accept the oblig	gations or,	Section 607.0005, P	IDITUA SIAL	ules.	•						
}	Signature, typed or printed name of registered ag	gent and title it	f applicable. (NO	_	l Ageni	t signature red	quired w	hen reinstating)	DATE			0 11 40
12.	OFFICERS A		CTORS	13.		t signature red	equired w	then reinstating) ADDITIONS/CHANGES TO O				
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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.

SIGNATURE: