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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # V53419 1. Corporation Name

Principal Place of Business

DOUGLASS A. PERSON CPA, P.A.

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SOIL WESE				DO NOT WRITE IN THIS SPACE				
ACH FL 32937 SATELLITE BEACH FL 32937								
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less of Business	2a Mailing A	ddress	_			A	oplied For	
ace of Business					1		ot Applicable	
					39 3 133073			
#, etc.					5. Certifcate of Status Desired	1 1	equired	
te City & State					6. Election Campaign Financing	\$5.00	May Be	
	28	•			Trust Fund Contribution	Added	to Fees	
Country	Zip	Zip Country			This corporation owes the current year intangible			
25	29	29 30			Personal Property Tax.			
9. Name and Address of Curr	ent Registered Age	nt			10. Name and Address of New I	Registered Agent		
			81	Name			- {	
PERSON, DOUGLASS A.			82	Street Addr	reet Address (P.O. Box Number is Not Acceptable)			
						The state of the s	3 (6) (8)	
			83			the state of the	3.88	
ELLINE DE TOTTE L'ESTE	-		84	City	The second secon	FL 85 Zip	Code ''	
a the second continue 607.0	502 and 607 1509 E	lorida Statutos th	a show	e-named com	poration submits this statement for the	nurpose of changing its	registered	
agistered agent, or both, in the Stat	te of Florida. Such cl	nange was author	izea ov	the corporation	on's board of directors. I hereby acce	pt the appointment as re	egistered	
m familiar with, and accept the obli	igations of, Section 6	07.0505, Florida S	Statutes	•				
Olimber de la destada de la consistencia de	agent and title if applicable	(NOTE: Regis	tered Ager	nt signature require	ed when reinstating)	DATE		
		<u> </u>				FICERS AND DIRECTO	ORS IN 12	
						☐ Change	☐ Addition	
=					•			
	-							
SATELLITE BEACH FL 32937				T-ZIP		Change	Addition	
	· L							
4.		1	2.2 NAME					
		2	2.3 STREE	ADDRESS		•		
			2. 4 CITY-S	ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
		DELETE :	3.1 TITLE			∐ Change	☐ Addition }	
			3.2 NAME					
27 19 19 3			3.3 STREE	TADDRESS		្ត ខ្នុងស្គាស្រា	4 1 1 2	
		<b>I</b> :	3.4. CITY- 8	ST-ZIP				
	,				*****	Change	☐ Addition	
			4. 2 NAME					
		4	4.3 STREE	TADDRESS				
	•	4	4.4 CITY-S	T-ZIP				
-						☐ Change	☐ Addition	
			5.2 NAME		* *			
			5.3 STREE	TADDRESS			}	
§			54 CITY S	T 710				
I			0.4 011 1 - 0	1-212				
7. 7. 1			6.1 TITLE	1-219		☐ Change	Addition	
4.23		DELETE		11-219	· ·	☐ Change	Addition	
	COUNTRY  25  9. Name and Address of Curr  SON, DOUGLASS A.  US HWY A1A  E #202  ELLITE BEACH FL 32937  to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the oblication of the section of the sectio	SUITE #202 SATELLITE BE  ace of Business  2a. Mailing Ac 26  #, etc.  City & Sta 28  Country 25  9. Name and Address of Current Registered Age  SON, DOUGLASS A.  US HWY A1A  E #202 ELLITE BEACH FL 32937  to the provisions of Sections 607.0502 and 607.1508, Fegistered agent, or both, in the State of Florida. Such of m familiar with, and accept the obligations of, Section 607.1508, Fegistered agent, or both, in the State of Florida. Such of m familiar with, and accept the obligations of, Section 607.1508, Fegistered agent, or both, in the State of Florida. Such of m familiar with, and accept the obligations of, Section 607.1508, Fegistered agent, or both, in the State of Florida. Such of m familiar with, and accept the obligations of, Section 607.1508, Fegistered agent and title if applicable.  OFFICERS AND DIRECTORS  D PERSON, DOUGLASS A.  1790 HWY A1A SATELLITE BEACH FL 32937	SUITE #202 SATELLITE BEACH FL 32937  Sace of Business  #, etc.  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	CH FL 32937  SATELLITE BEACH FL 32937    City & State   28	SUITE #202 SATELLITE BEACH FL 32937    Sate of Business	SUITE #202 SATELLITE BEACH FL 32937  SATELLITE BEACH FL 32937  A FEIL Number 59-3 135073  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  A This corporation owes the current Registered Agent  SON, DOUGLASS A.  US HWY A1A  E #202  ELLITE BEACH FL 32937  Base of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607,0502 and 607,1508, Florida Statutes.  Base Street Address (P.O. Box Number is Not Accept Base Agent agreeme required when reinstation)  OFFICERS AND DIRECTORS  DELETE  11 TITLE  22 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZP  1 OFFICERS 3.4 CITY-ST-ZP  1 OFFICERS 3.5 ACCITY-ST-ZP  3.5 TITLE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZP  1 OFFICERS 5.5 ACCITY-ST-ZP  1 OFFICERS 5.5 ACCI	SUITE FAZE SAFELITE BEACH FL 32937  SAFELITE BEACH FL 32937  SAFELITE BEACH FL 32937  SAFELITE BEACH FL 32937  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified 07/27/1992  3. Date incorporated or Qualified 07/27/1992  3. Date incorporated or Qualified 07/27/1992  4. FEI Number 59-3135073  S. Certificate of Status Desired  S. 75 Fee R  Country 28 Country 29 Country 39 Son, DOUGLASS A 128 STreet Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable)  STreet Address of Sections 807.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing it egistered agent, or both, in the State of Feotids. Such changes the corporation's board of directors. I hereby accept the appointment as it in member with a complete or dispension of Sections 807.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing it egistered agent, or both, in the State of Feotids. Such changes the corporation's board of directors. I hereby accept the appointment as it in member with a complete or directors.  Signature, typed or printed name of inspirited agent and 607 in 1508, Fiorida Statutes.  Delete 1: I mile	

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

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90050 015 \*\*\*150.00