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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V64914

ideal a	CCEPTANCE COMPANY						
Principal Place	e of Business	Mailing Address			I 40015 Diinid denit deden sorde ijale bide d	JIER DIDIR DIDI	<b>Bibil bibil lobi</b>
5435 S. US HWY 1 5435 S. US HWY 1							
FT. PIERCE FL 34982 FT. PIERCE FL 34982					DO NOT WRITE IN T	THIS SPACE	
					3. Date Incorporated or Qualifed	THO OF AGE	
					09/18/1992		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-3142203	<b>⊢</b>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		_	\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee Re	equired .
City & State	е	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year		<b></b>
24	25 25 Address of Curre	29	30		Personal Property Tax.	Yes	□No
!	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registe	rea Agent	
TIER	NEY, MARY JO		<u> </u>	INAITIG	<u></u>		
	S. US HWY 1		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		<del></del>
	PIERCE FL 34982		83			• • •	
	· · · · · · · · · · · · · · · · · · ·						
			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stati	ites, the above	ı e-named corp	oration submits this statement for the purpos	e of changing its	registered
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, Fl	authorized by orida Statutes.	the corporation.	on's board of directors. I hereby accept the a	ppointment as re	egistered
- 6							
SIGNATURE							
	Signature, typed or printed name of registered age		E: Registered Agen	nt signature required			
12.	OFFICERS AI	ND DIRECTORS	13.	nt signature required	when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	
12. TITLE	OFFICERS AI		13. 1.1 TITLE	nt signature required			DRS IN 12
12. TITLE NAME	OFFICERS AF DP TIERNEY, MARY JO	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME			S AND DIRECTO	
12. TITLE NAME STREET ADDRESS	OFFICERS AT DP TIERNEY, MARY JO 1712 COCONUT DR.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	T ADDRESS		S AND DIRECTO	
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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 13 if changed, or on an attrachment with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1-22-99 561-461-6000 Davime Phone #