

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90031 021 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000001052**

1. Corporation Name

**CALIGUIRE & ASSOCIATES, INC.**

Principal Place of Business  
 5761 SUN POINTE CIR.  
 BOYNTON BEACH FL 33437

Mailing Address  
 5761 SUN POINTE CIR.  
 BOYNTON BEACH FL 33437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1997

4. FEI Number

65-0738277

☐ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

 6. Election Campaign Financing  
 - Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 5761 Sun Pointe

Suite, Apt. #, etc.

2a. Mailing Address

26 6773 Las Colinas Court

Suite, Apt. #, etc.

23 City &amp; State

Lakewood FL

27 City &amp; State

Lakewood FL

24 Zip

33463

Country

Palm Beach

29 Zip

33463

Country

Palm Beach

9. Name and Address of Current Registered Agent

FLINGS, INC.  
 3732 N.W. 16TH STREET  
 FT. LAUDERDALE FL 33311-4132

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
 NAME CALIGUIRE, RACHEL  
 STREET ADDRESS 5761 SUN POINTE CIR.  
 CITY-ST-ZIP BOYNTON BEACH FL 33437

☐ DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ DELETE

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 CITY-ST-ZIP

☐ DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE D  
 1.2 NAME CALIGUIRE, RACHEL  
 1.3 STREET ADDRESS 6773 LASCOLINAS COURT  
 1.4 CITY-ST-ZIP LAKEWOOD FL 33463

☐ Change ☐ Addition

2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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 a1 other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Rachel Caliguire*

4-23-99

CR2E034 (1/1/98)