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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1007/11

 Corporation 	ASSOCIATES, INC.				1	
Principal Place of Business Mailing Address				1 100/01 (100/0 10/11 00/11 10/11 0160 1/01 0160)	Bitit albit Bitit Attit attit 1881	
409 NE 3RD STREET P.O. BOX 2690 DELRAY BEACH FL 33483 DELRAY BEACH FL 33447-2690					DO NOT WRITE IN THI	SSDACE
US US					3. Date Incorporated or Qualifed	3 SPACE
					02/06/1956	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					59-0761310	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			•		5. Certificate of Status Desired	\$8.75 Additional
22	·	27			0. 0	Fee Required
City & State					6. Election Campaign Financing	\$5.00 May Be - Added to Fees
Zip	Country	Zip	Country	,	This corporation owes the current year In Personal Property Tax.	ntangible □ Yes □ No
24	9. Name and Address of Curren		0		10. Name and Address of New Registered	
	9. Name and Address or Curren	t Registered Agent	81	Name	10. 112/112 01147-012-01-01-01-01-01-01-01-01-01-01-01-01-01-	
MOUW, ARMAND			82	- Ct t A d	ress (P.O. Box Number is Not Acceptable)	
409 NE 3RD STREET			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
DELRAY BEACH FL 33483			83			
			84	City		85 Zip Code
				,	FI	L } ·
office or r	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid	nonzed by la Statutes	s.	poration submits this statement for the purpose con's board of directors. I hereby accept the appointment when reinstation.	intranging its registered
42	Signature, typed or printed name of registered agen OFFICERS AN		13.	nt signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12. TTLE	ST	DELETE	1.1 TITLE		ABBITTONO OT A ROLL OF THE STATE OF THE STAT	☐ Change ☐ Addition
NAME	ARNOLD B. SMITH		1.2 NAME			
STREET ADDRESS	409 NE 3RD ST.	•	1.3 STREE	TADDRESS		ļ
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP		,	
TITLE	CD .	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	MOUW, ARMAND		2.2 NAME			
STREET ADDRESS	409 NE 3RD ST		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 00000		2. 4 CITY-			C Observe
TITLE	P	DELETE	3.1 TITLE	•		. Change Addition
NAME	MOUW, RICHARD		3.2 NAME			
STREET ADDRÉSS	_			TADDRESS	·	
CITY-ST-ZIP	DELRAY BEACH FL	☐ DELETE	3.4, CITY-1 4.1 TITLE	\$1-219		☐ Change ☐ Addition
NAME	SMITH, ARNOLD		4. 2 NAME			_ ,
STREET ADDRESS	409 NE 3RD STREET			T ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-S	1		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	1		•
STREET ADDRESS			5.3 STREE	TADORESS		
CITY-ST-ZIP			5.4 CITY- S	ST-ZIP	·	
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME]		ľ

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 feceiver or hustee 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP