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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 200200

 Corporation 	OF VOLUSIA COUNTY, INC	· ·					
		Mailing Address				Bibși dibii dibii diaii 1	(01) B10) 1901
Principal Place		1500 FLORIDA MANGO RD	STF 19		ļ		
PO BOX 24618	MANGO RD. STE 19	PO BOX 24618			·		\$ 5
WEST PALM BEACH FL 33416-4618 WEST PALM BEACH FL 3341			416-4618		DO NOT WRITE IN	THIS SPACE	- '
			•		3. Date Incorporated or Qualifed 09/14/1971		
		T = 48 W - 4 44			4, FEI Number		plied For
2. Principal Pl	ace of Business	2a. Mailing Address			59-1358987		Applicable
1 2 3 4 4	H -4-	Suite, Apt. #, etc.	-			\$8.75 A	
Suite, Apt. i	#, etc.	27			5. Certificate of Status Desired	Fee Re	quired
City & State	3	City & State			6. Election Campaign Financing	\$5.00	May Be
3		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Cour	try	8. This corporation owes the current ye		
4	25	29	30		Personal Property Tax.		□ No
	9. Name and Address of Current	Registered Agent		-41 vi	10. Name and Address of New Regist	ered Agent	
COD	PORATION COMPANY OF MIAMI			B1 Name			
CON	C RICCAVNE BI VID	1. 1.	Ī	82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
1600 MIAMI CENTER		ļ	83	A CONTRACTOR OF THE CONTRACTOR		1711 # 11 15 W	
	MI FL 33131			83		证书门证	
; HINCH			İ	84 City		■ 85 Zip C	Code
ged a morning	23	- 4 COZ 4500 Florido Stotut	on the at	ove named corn	poration submits this statement for the purpo	se of changing its	registered.
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida: Such change was a lons of, Section 607.0505, Flo	uthorized orida Statu	by the corporation to the corporation that it is a second to the corporation to the corpo	poration submits this statement for the purpo on's board of directors. I hereby accept the	appointment as re	gistered
_g					i.		
SIGNATURE					d when reinstating) , t 🧭 ; DA		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE			d when reinstating) , t ; DA ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	ORS IN 12
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	gent signature require	in terior removering, , i,		ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	Registered	gent signature require	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND PENDERGAST JR,GERARD J 1500 FLORIDA MANGO ROAD	and title if applicable. (NOTE	13. 1.1 TII 1.2 NA	gent signature require	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PENDERGAST JR,GERARD J	and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST	kgent signature require	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P PENDERGAST JR,GERARD J 1500 FLORIDA MANGO ROAD W PALM BEACH FL D PENDERGAST, LAURA.	and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII	egent signature require E AE AE AEET ADDRESS Y-ST-ZIP AEEET	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	Addition
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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 of 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 ecceiver 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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90029 006 ***150.00