FILE NOW FIDING FEE AFTER MAY 1ST IS \$550.00

PROFIT : 306 CORPORATION ANNUAL REPOR 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# 432514 1. Corporation Name ".

PEART AND ASSOCIATES, INC.

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90022 025 ***150.00



	e of Business		•								
	KING BLVD.		SO. M. L. KING BLVD BOX 1873	l.							
P.O. BOX 1873 DAYTONA BEAG	CH FL 32115		TONA BEACH FL 3211	5			DO NOT WRITE	IN THIS	SPACE		
DATTORN DEAT				-			3. Date Incorporated or Qualifed				
							08/08/1973				
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number				ied For
21	- 13 S	26					59-1532003				Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired]		5 Ade Requ	ditional uired
City & Stat	te .		City & State				6. Election Campaign Financing		•	00 м led to	lay Be
23	Cot-	28	Zip	Cour	tru		Trust Fund Contribution			שם נט	rees
Zip	Country	29	ΣIÞ	30	uy		This corporation owes the current Personal Property Tax.	year int	Yes	b	No
24	9. Name and Address of Curre		tered Agent	30			10. Name and Address of New Reg	istered		<i>z</i>	
	9. Name and Address of Com-	I regist			81 N	lame					
KEN	DRICK, MARY L			ļ	-		- (D.O. Boy Number is Not Assessable				
P.O. BOX 1873				Street Address (P.O. Box Number is Not Acceptable)							
327	SO. M. L. KING BLVD.			ľ	B3						
` DAY	TONA BEACH FL 32015			1	. -				les :	Zip Co	ndo.
, rep					84 C	City		FL	85 2	zip Ço	ou e
								DATE			
12.	Signature, typed or printed name of registered at OFFICERS A			E: Registered a	gent sigi	nature required wh	hen reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AN	ID DIREC	CTOR	S IN 12
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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 it fallanged, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

☐ Change

☐ Addition