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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 448957



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90156 005 ***300.00

GYARMATHY & ASSOCIATES, INC.					
Principal Place of Business	Mailing Address	···		01011 81011 B1011 01011 1	FU 1
13180 N. CLEVELAND AVE SUITE 111	13180 N. CLEVELAND AVE SUITE 111		DO NOT WRITE IN THIS SP	PACE	1.
N. FT. MYERS FL 33903-6230	N. FT. MYERS FL 33903-6230		3. Date Incorporated or Qualifed		
	વ	0	03/20/1974].
2. Principal Place of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied For	. 1
21	26		59-2166651	Not Applica	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additiona	1
22	27	_	5. Certifcate of Status Desired	Fee Required	
City & State	City & State	<u>, </u>	6. Election Campaign Financing	\$5.00 May Be	Ì
23	28		Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country	8. This corporation owes the current year Intang		
24 25	29		1 diddilait topolity tax:	Yes No	
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Ag	<u>ent</u>	\dashv
OVADNATIN JAMES D		81 Name			
GYARMATHY, JAMES P.	80 N Cleveland	82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
1020 1111011111111111	Aug		·	_	
FORT MYERS FL 33903	AUR. FT MYERS	83			İ
· ·	70. T.	84 City		85 Zip Code	
	7-0.		FL	· '	- 1
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation.	of Florida. Such change was auth	iorized by the corporation	poration submits this statement for the purpose of choon's board of directors. I hereby accept the appointment	anging its register nent as registered	∌d
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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 suppliemental annual report is true and aperiate 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 all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

James P. Gyarmathy FEB President

941-997-1992

Change

☐ Addition