

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90071 049 ***150.00

DOCUMENT # 454758

1. Corporation Name

JOHN A. DACY & ASSOCIATES, INC.

Principal Place of Business

**329 ALMERIA AVE
CORAL GABLES FL 33134
US**

Mailing Address

**P.O. BOX 141397
CORAL GABLES FL 33114
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1974

4. FEI Number

59-1681313

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

21 260 Crandon Blvd.

2a. Mailing Address

26 Same as above

Suite, Apt. #, etc.

22 Suite 32-115

Suite, Apt. #, etc.

27

City & State

23 Key Biscayne, FL

City & State

28

Zip

24 33149-1540

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**DACY, JOHN A.
329 ALMERIA AVE.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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

☐ DELETE

**P
NAME DACY, JOHN A.
STREET ADDRESS 331 ALMERIA AVE
CITY-ST-ZIP CORAL GABLES FL**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Dacy

04/29/99

305 448-4555

Date

Daytime Phone #

CR2E034 (11/98)