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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**

DOCUMENT # 493033

1. Corporation Name

LARRY SUGAR AND ASSOCIATES INC

CAIRT	OUGHT AIRD AGGOGATEG	1140.					
Principal Place of Business Mailing Address					i inditti diden (dida tratt adida trat diden d		1 1 1 1 1 1 1 1 1 1
3098 N. W. 28 AVE 652 GLADES ROAD BOCA RATON FL 33434 BOCA RATON FL 33431 US US					DO NOT WRITE IN THIS	SPACE	
					 Date Incorporated or Qualifed 12/23/1975 		
Principal Place of Business 1		2a. Mailing Address 26		4. FEI Number 59-1637447	<u> </u>	plied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		This corporation owes the current year Interpretation Personal Property Tax.	tangible	□No
24	25		10		10. Name and Address of New Registered		
	9. Name and Address of Curren	It Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
PASI	ekoff, robert L.		L		(5.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		
	S SW 120 STREET		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
MIAN	VII FL 33156		83		·		
			84	City	FL	85 Zip (Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	horized by	the corpor	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	changing its intment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: 5	Registered Age	nt signature rec	quired when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
TITLE	PS	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	SUGAR, LARRY		1.2 NAME	ļ			
STREET ADDRESS	3098 N.W.28 AVENUE		1.3 STREE	TADORESS			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-5	T-ZIP			
TITLE			2.1 TITLE		· ·	☐ Change	☐ Addition
NAME	22		2.2 NAME	ì		•	j
STREET ADDRESS			2.3 STREE	TADDRESS	ومستراه اليوالية أأناء المتنا	. ب سير.	٠ ـ ، ا
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE	☐ DELETE		3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	ì		☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS	\$		4.3 STREE	TADORESS			
CITY-ST-ZIP		——————————————————————————————————————	4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE	- 1	· ·	Change	☐ Addition
NAME			5.2 NAME				ļ
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	T-ZIP			☐ Addition
TITLE		☐ DELETE	6.1 TITLE			☐ Change	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			

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 the 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 of 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 on an attachment with an address, with all other the empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP