FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90177 017 \*\*\*150.00

## FILE NOW: FICING 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 # 502104

COMPLETE PENSION ADMINISTRATION, INC.

Principal Place of Business			Mailing Address			<del></del>		HI DIWI DIWIC DI	OUT DIWIN DIRECT	U   U	
10399 STONEBRIDGE BLVD		103	10399 STONERIDGE BLVD								
BOCA RATON FL 33498		BOO	BOCA RATON FL 33498				DO NOT WRITE IN THIS SPACE				
US			J\$			3 Date Incornora	3. Date Incorporated or Qualifed				
						04/28/1976					
2 Principal P	lace of Business	2a.	Mailing Address			4. FEI Number	-		- Ap	plied For	
21	iace of pasificos	26	mainig / tourous			59-1708498	ì			t Applicable	
Suite, Apt.	#, etc.	20	Suite, Apt. #, etc.						\$8.75		
22			بمعيدة مسمع			_5. Certificate of S	atus Desired		Fee Re	quired	
City & State	e		City & State			6. Election Camp	aign Financing		\$5.00	May Be	
23		28				Trust Fund Co	ntribution	ليا	Added t	to Fees	
Zip	Country		Zip	Country	/	8. This corporation	n owes the curr	ent year inta			
24	25	29		30		Personal Prope			Yes	□No	
	9. Name and Address	of Current Regist	ered Agent		1	10. Name and Ad	dress of New F	legistered i	Agent		
DANI	ICLOON ID HEDDEDT	v		81	Name						
DANIELSON, JR. HERBERT V.					Street	Address (P.O. Box Number	ress (P.O. Box Number is Not Acceptable)				
10399 Stonebridge BLVD. Boca raton FL 33498		•			ļ	<del>.</del>					
BQC.	A NATUN FL 33490			83	1					ļ	
				84	City		••	FL	85 Zip (	Code	
44 6	to the provisions of Section	- 007 0500 4 00	7 4500 Florido Statut	as the short	nomod	compration submits this st	atomost for the		changing its	registered	
office or re	egistered agent, or both, in	the State of Florid	a. Such change was at	uthorized by	the corpo	pration's board of directors	. I hereby accep	of the appoir	atment as re	gistered	
	m familiar with and accord	the obligations of								l l	
agent. I a	in ramiliar with, and accept	trie obligations of,	Section 607.0505, Flor	rida Statutes	<b>S</b> .					{	
agent. I a		-		rida Statutes	<b>S</b> .			DATE			
SIGNATURE	Signature, typed or printed name of r	registered agent and title if	applicable. (NOTE:	rida Statutes	<b>S</b> .	equired when reinstating)  ADDITIONS/CH	ANGES TO OF	DATE FICERS AN	D DIRECTO	DRS IN 12	
SIGNATURE	Signature, typed or printed name of r	-	applicable. (NOTE:	rida Statutes	<b>S</b> .	required when reinstating) ADDITIONS/CH	ANGES TO OF		D DIRECTO	DRS IN 12	
SIGNATURE 12.	Signature, typed or printed name of a OFF	registered agent and title if	applicable. (NOTE:	: Registered Age	<b>S</b> .	·	ANGES TO OF				
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of r OFF PD DANIELSON, JR. HERI	registered agent and title it ICERS AND DIREC	applicable. (NOTE:	: Registered Age  13. 1.1 TITLE 1.2 NAME	nt signature r	·	ANGES TO OF				
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of r OFF PD DANIELSON, JR. HERI 10399 STONEBRIDGE	registered agent and title it ICERS AND DIREC	applicable. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature r	·	ANGES TO OF				
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of r OFF PD DANIELSON, JR. HERI 10399 STONEBRIDGE BOCA RATON FL	registered agent and title it ICERS AND DIREC	applicable. (NOTE:	: Registered Age  13. 1.1 TITLE 1.2 NAME	nt signature r	·	ANGES TO OF				
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP	Signature, typed or printed name of r OFF PD DANIELSON, JR. HERI 10399 STONEBRIDGE BOCA RATON FL SDT	registered agent and title it ICERS AND DIRECT BERT V BLVD.	applicable. (NOTE: CTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature r	·	ANGES TO OF		Change	☐ 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 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.