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CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 601785



FLORIDA DEPARTMENT OF STATE

PROFIT **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90047 010 ***150.00

ROSS E	. EVANS, P.A.					 	1 4101 6 111 6 114 616 1	H 9 4011 D(84 D	1811 81011 1 96 1	
Principal Plac	e of Business	Mailing Address	<u> </u>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1158 81111 44101 (1811 (2021)				
5215 SOUTH DIXIE HIGHWAY 5215 SOUTH DIXIE HIGHWAY						•				
WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405						DO NOT WRITE IN THIS SPACE				
					3. Date Inc	orporated or Qualifed				
	·				12/23/	1969				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Num			Ap	plied For	
21		26			59-127	9298			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate	e of Status Desired		\$8.75 A		
22		27						Fee Re		
City & Stat	e	City & State				Campaign Financing	, _□	\$5.00 Added t		
23 Zin	Country		Count	trv		nd Contribution poration owes the cu	rront year Inta		7	
Zip	25	29	30	uy		l Property Tax.		Yes	No	
24	9. Name and Address of Currer		1301	-1		nd Address of New	Registered A	gent	<u> </u>	
			8	31 Name			·			
	ns,ross e			32 Street Ac	Idraes (P.O. Boy N	Number is Not Accep	itable)			
	S S DIXIE			ou cot Ac	301005 (1 .O. BOX 1	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	\			
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11, Pursuant	to the provisions of Sections 607 050	02/and 607.1509, Florida Sta	tutes, the abo	ove-named c	prometion submits	statement for the	ept the appoint	tment as re	registered gistered	
11. Pursuant office or r agent. I a	to the provisions of Sections 60 050 registered agent, or both, in the State am familiar with and accept the obliga-	02/and 607.1509, Florida Sta of Floride Such change was allons of Section 607.9505, I	tutes, the abo s authorized t Florida Statut	ove-named copy the compores.	prometion slubmits	the seitement for the	ept the appoint	tment as re	registered gistered	
11. Pursuant office or r agent. I a	11-21	Dear		100	- SA	statement for the	e purpose of c	tment as re	registered gistered	
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SIGNATURE	Signature, typed or printed name of registere large OFFICERS AN	Dear		ger signature requ	uired when reinstating)	Statement for the state of the	DATE	Af	·	
SIGNATURE	Signature, typed or printed name of registratings OFFICERS AN	ent and title if applicable. (NO DIRECTORS	OTE: Registered A	gen signature requ	uired upen reinstation) ADDITION	VS/CHANGES TO O	DATE	DIRECTO	RS 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 Jeceiver 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: