## 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 # 610768 1. Corporation Name

## Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90056 027 \*\*\*158.75

OLMSTE	ad Building & Design, in	C.					
Principal Place of Business  Malling Address 170 170 170 170 170 170 170 170 170 170					DO NOT WRITE IN THIS SPACE		
Jupiter FL					3. Date Incorporated or Qualifed		
	33458				02/22/1979		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ар	plied For
21 1790 Indian Greek Dr. W 26 1790 Indian Cre				ek.Dr.W	59-1882567	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 A	
City & State City & State  23 JUDITER FL  28 JUDITER, FL					Election Campaign Financing     Trust Fund Contribution	□ \$5.00 Added to	
Zip T	Country	Zip	Cour	try	8. This corporation owes the curre	ent year Intangible	
24 334	58 E DS	29 33458	30 L	<u>)</u> <	Personal Property Tax.	Yes	□No _
	9. Name and Address of Current	Registered Agent		.=	10. Name and Address of New R	egistered Agent	
				81 Name			
OLMSTEAD, LOWELL E., JR.				82 Street Address (P.O. Box Number is Not Acceptable)			
108 N RIVER DR W				5tieet Addi	less (F.O. Box Number is Not Accepta		
JUPITER FL 33459			Ī	83			
						85 Zip (	Code
				84 City		FL  °°   <sup>ZIP</sup>	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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I		Agent signature require		DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF		Addition
TITLE			1.1 TIT	£		☐ Change	☐ Audillon
NAME	OLMSTEAD, LOWELL E. JR	•	1.2 NA	ME			
STREET ADDRESS	108 N RIVER DR W		1.3 STF	REET ADDRESS			<u> </u>
CITY-ST-ZIP			1.4 CIT	Y-ST-ZIP			- A 449
TITLE	☐ DELETE 2.1 TI		2.1 TIT	.E		Change	☐ Addition
NAME			2.2 NA	ME .			Ì
STREET ADDRESS			2.3 ST	REET ADDRESS	•		1
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	3.1 TIT	.E		☐ Change	Addition
NAMÉ			3.2 NA	ME			Ì
STREET ADDRESS			3.3 Sπ	REET ADDRESS			
CITY-ST-ZIP			3.4. Cf	Y-ST-ZIP		,	
TITLE		☐ DELETE	4.1 TIT	.E		Change	Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STI	REET ADORESS			
CITY-ST-ZIP			4,4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TIT	.E		☐ Change	Addition
NAME			5.2 NA	ME .			
STREET ADDRESS			5.3 STI	REET ADDRESS		•	
CITY-ST-ZIP			5 4 C/T	Y-ST-ZIP			
TITLE		☐ DELETE	6.1 TIT	LE		Change	☐ Addition

6.4 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 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 by on an attachment with an appears, with all other like empowered. CITY-ST-ZIP

6.2 NAMÉ

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS