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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 619607 1. Corporation Name

WARREN E. MCCORMICK AND ASSOCIATES, P.A.

Principal Place	of Business	Mailing Address				i i ss ill		EBIKI (BBI BIBI		IBII 81811 1881
5829 CORPORATE WAY		5829 CORPORATE WAY								
SUITE 101 WEST PALM BEACH FL 33407		SUITE 101 WEST PALM BEACH FL 33407				DO NOT WRITE IN THIS SPACE				
US		US			3.	3. Date Incorporated or Qualifed				
					1	05/03/19	979			
2. Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Numb	er ·		Арі	plied For
21		26		-4-		<u>59-1910</u>	<u>863 </u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certifcate	of Status Desired		\$8.75 A	
22		27							Fee Re	•
City & State	9	City & State			6.		ampaign Financin J Contribution	g 🗀	\$5.00 Added to	•
Zip	Country	28	Country	v	- -		ration owes the co	urrent vear i		
24	25	⊢ ·	30		"	•	Property Tax.			□No
	9. Name and Address of Current				10	. Name and	Address of Nev	v Registere	d Agent	100-000
			81	Name		,				
	ORMICK, WARREN E.		82	Street	Address (I	P.O. Box Nu	mber is Not Acce	ptable)		
	BEACON CIRCLE #205			58	<u> </u>	oxpora	se way			
WES	T PALM BEACH FL 33407		83	Su	ite 1	.01	•			
ļ			84	City	A 0	Alaa C	LAACI.		85 Zip	1971
	to the provisions of Sections 607.0502	3 4 CO 7 1500 Florida Statutos	the show	Ne	551 Y		beach	he nurnose	_ -	registered
office or re	egistered agent, or both, in the State o	of Florida. Such change was aut	thorized by	the com	oration's b	oard of dire	ctors. I hereby acc	cept the app	ointment as req	gistered
agent. I ar	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	da Statutes	S.						
!										
SIGNATURE	Signature, tuned or printed game of consistered agent				required when	reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F			required when		CHANGES TO C			RS IN 12
		t and title if applicable. (NOTE: F	Registered Age		-	ADDITIONS		OFFICERS	Change	RS IN 12
12.	OFFICERS ANI	t and title if applicable. (NOTE: F	Registered Age	ant signature	-	ADDITIONS		OFFICERS	Change	
12.	OFFICERS AND	t and title if applicable. (NOTE: F	#3. 1.1 TITLE 1.2 NAME	ant signature	-	ADDITIONS		OFFICERS	Change	
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CITY-ST-ZIP y for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the all other like empowered. 14. I hereby certify that the informindicated on this annual reporting officer or director of the corporation of the corporatio filing does not qual on supplied with this r supplemental annuation or the receiver of

SIGNATURE:

SIGNING OFFICER OR DIRECTOR