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

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90100 046 ***150.00

,	MENT # 656643 E & ASSOCIATES, INC.	3			
Principal Plac	ce of Business	Mailing Address			ti mimti didii dieti dieti dieti dieti
P.O. BOX 3501 P.O. BOX 3501 WEST PALM BEACH FL 33402 WEST PALM BEACH FL 3340			02	DO NOT WRITE IN T	IIS SPACE
				3 Date Incorporated or Qualifed	IIS SPACE
				02/21/1980	
2. Principal f	Principal Place of Business 2a, Mailing Address			4. FEI Number	Applied For
21		26	·	59-1977961	Nct Applicabl
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25		30	Perso lat Property Tax.	Yes No
	9. Name and Address of Curre	en: Registered Agent	81 Name	10. Name and Address of New Register	2d Agent
office cr agent. L	registered agent, or both, in the Stat am familiar with, and accept the oblig	e cf Florida. Such charge was aut gations of, Section 607.0505, Florid	s, the above-named corporate thorized by the corporate da Statutes.	poration submi s this statement for the purpose ion's board of (lirectors. I hereby accept the ap	rointment as registered
SIGNATURE	FREDERICK J. Signature, typed or printed name of registered as	7.YONNE PLS # 2	Registered Agent signature requir		26-99
12.		NI) DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
τιτι.ε	VS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addit
NAME	THORNE, JUDY A		1.2 NAME		
STREET ADDRESS	5320 MARCIA PL		1,3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		1.4 CITY-ST-ZIP		
TITLE	PT	☐ DELETE	2.1 TITLE		Change Additi
NAME	THORNE, FREDERICK J		2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addit
TITLE "	D THOONE FRED !	□ OELETE 14	3.1 INLE		
NAME	THORNE, FRED J		3.3 STREET ADDRESS		•
STREET ADDRES:	5320 MARCIA PL W PALM BCH FL		3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE	IN FALM DUTIFL	☐ DELETE	41 TITLE		Change Addit
NAME		_	4. 2 NAME		
STREET ADDRES	3)		4.3 STREET ADDRESS		
CITY-ST-ZIP		_	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addit
NAME			5.2 NAME		
STREET ADORES			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Change Dada
TITLE	s kong a	☐ DELETE	6.1 TITLE		Change Addit
NAME			62 NAME		
STREET ADDRESS	<u> </u>		6.3 STREET ADDRESS		

CiTY-ST-ZIP 14. Thereby pertify that the information supplied with this filling 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 307. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or part attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FREDERICK TO THORNE PLS # 286 9

1-561-689-9634