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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 687524 1. Corporation Name

SOUTHERNMOST ASSOCIATES, INC.

Principal Place of Business % JAMES R. DEAN 418 SIMONTON ST. KFY WEST FL 33040 Mailing Address

% JAMES R. DEAN 418 SIMONTON ST.

FILED Feb 01, 1999 8:00am Secretary of State

02-01-1999 90012 001 ***150.00



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2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Num				Appl	ied For
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Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certifcat	te of Status De	sired		3.75 Ac Fee Req	
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	9. Name and Address of Current	Registered Agent		81 Name	10. Name a	ilid Address O	i itew regist	ered Agen	<u>'`</u>	
DEAL	I MATO Ď			oi Name						
DEAN	N, JAMES R			82 Street Ad	dress (P.O. Box I	Number is Not	Acceptable)			
	/. CYPRESS TERRACE					54 5 45 W.	·	70 .t	91 - 954 <u>5.</u>	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the a	bove-named co	orporation submits	this statement	t for the purpo	se of chan	ging its r	egistered istored
	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligati				ation's board of di	irectors. I neret	by accept the	арропше	ni as reg	istered
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4. I hereby certify 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 it entire that it is 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 chapted for a attackment with an address, with all other like empowered.

SIGNATURE

MULTIPLE REQUIRED

1-14-99

Daytime Phone #