FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90086 009 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # 695193 S CUSICK & SON, INC.						
Principal Place of Business Mailing Address							
4781 130TH AVE SO 4781 130TH AVENUE. SOUTH W. PALM BEACH FL 33414		4781 130TH AVE SO 4781 130TH AVENUE. SOUTH W. PALM BEACH FL 33414		DO NOT WRITE IN TH	IIS SPACE		
					3. Date Incorporated or Qualified 07/17/1981		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Арр	lied For
21		26		59-2141136	Not	Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ad	dditional	
22		27		5. Certificate of Status Desired	Fee Req	uired	
City & State	•	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to		
Zip	Country	Zip Country			8. This corporation owes the current year	Intangible	
· ·		F ' -	0		Personal Property Tax.		□No
24	25 9. Name and Address of Current	11	,,,,		10. Name and Address of New Register	• •	
	9. Name and Address or Current	Kegistered Agent	81	Name	10		
CUSICK, LAWRENCE E.							
4781 130TH AVENUE SOUTH			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
W. PALM BEACH FL 33414			83				
			84	City		. 85 Zip C	ode
				- "/		L	
office or re agent. I ar	to the provisions of Sections 607.0502 ogistered agent, or both, in the State on in familiar with, and accept the obligation	f Florida. Such change was aut	nonzed by	tne corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its r pointment as reg	egistered istered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Age				nt signature requi	ired when reinstating) DATE		
			13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	D DELETE 1		1.1 TITLE			Change	Addition
NAME	CUSICK, PATRICIA L. 127		1.2 NAME				
STREET ADDRESS	ATTAL ARCTIVE ARCTIVE CONTENT		1.3 STREE	TADDRESS			
CITY-ST-ZIP			1.4 CITY-S				ľ
TITLE			2.1 TITLE			☐ Change	Addition
NAME	The same of the sa		2.2 NAME				
STREET ADDRESS	1001 100TH 11T 00			TADDRESS			
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP	. <u>.</u> *		
TITLÉ			3 1 TITLE			☐ Change	☐ Addition
NAME !			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY- 9	ST-ZIP			
TITLE	☐ DELETE 4.1		4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS	•		Ì
CITY-ST-ZIP	4.4.6		4.4 CITY+S	T-ZIP	_ <u>.</u>		
TITLE			5.1 TITLE		•	☐ Change	Addition
NAME			5.2 NAME		•		
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5,4 CITY-S	T-ZIP	<u> </u>		
TITLE		☐ DEŁETE	6.1 TITLE			☐ Change	☐ Addition
NAME	S		6.2 NAME	i			

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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

6.3 STREET ADDRESS

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