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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 697696 1. Corporation Name

JOSEPH	RUSSO & ASSOCIATES	, INC.					
Principal Place	of Business	Mailing Address				11 #1#11 B1#11 #1#11 #1	Bit #18() 188)
,		2020 CASEY KEY ROAD					
2020 CASE KEY ROAD NOKOMIS FL 34275		NOKOMIS FL 34275			DO NOT WINTS IN TH	HE SDACE	
US STATES		US		DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed		1
					08/05/1981	Ann	lied For
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applicable
21		26			59-2123851	\$8.75 A	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Red	
22		27 State		 	C. Election Compaign Financing	\$5.00	May Re
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	Added to	
23		28	Country		8. This corporation owes the current year		
Zip	Country	Zip	30		Personal Property Tax.	☐ Yes	X(No
24	25	1 1	30]		10. Name and Address of New Register		
	9. Name and Address of Cu	rrent Registered Agent	81	Name			
ישיח	ALLORAN, TERRENCE E.						
	WEBBER ST.		82	Street Add	ress (P.O. Box Number is Not Acceptable)		1
	ASOTA FL 34239		83				
SAIN	MOUTH FE 34239		03				
			84	City		L 85 Zip C	Code
		_		ł			registered
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statute	s, the above thorized by	e-named corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as reg	gistered
11. Pursuant office or r agent. I a SIGNATURE	registered agent, or both, in the Si Im familiar with, and accept the ob	bligations of, Section 607.0505, Flori	ida Statutes		red when reinstating) DATE		
office or r agent. I a SIGNATURE	registered agent, or both, in the 5 Im familiar with, and accept the ot Signature, typed or printed name of registerer	bligations of, Section 607.0505, Flori	ida Statutes Registered Ager		_		RS IN 12
office or r agent. I a SIGNATURE	registered agent, or both, in the Sim familiar with, and accept the of Signature, typed or printed name of registere OFFICERS	bligations of, Section 607.0505, Flori	ida Statutes		red when reinstating) DATE		
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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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

941-9669381

CR2E034 (11/98)