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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90089 018 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F01241

1. Corporation Name
DAVID M. FLETT AND ASSOCIATES, INC.



Principal Place of Business 425 BUTTONWOOD PALCE BOCA RATON FL 33431-5254	Mailing Address 425 BUTTONWOOD PALCE BOCA RATON FL 33431-5254
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/10/1980	Applied For Not Applicable
4. FEI Number 59-2044660	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4825 Pepper Bush Lane Suite, Apt. #, etc. 22 City & State 23 Boynton Beach, FL 24 Zip 33436 25 Country USA	2a. Mailing Address 26 4825 Pepper Bush Lane Suite, Apt. #, etc. 27 City & State 28 Boynton Beach, FL 29 Zip 33436 30 Country USA
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9. Name and Address of Current Registered Agent
FLETT, DAVID M.
425 BUTTONWOOD PLACE
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
 81 Name **FLETT, DAVID M.**
 82 Street Address (P.O. Box Number is Not Acceptable)
4825 PEPPER BUSH LANE
 83
 84 City **BOYNTON BEACH, FL** 85 Zip Code **33436**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	FLETT, DAVID M	
STREET ADDRESS	425 BUTTONWOOD PLACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SEYMOUR-FLETT, KAREN	
STREET ADDRESS	425 BUTTONWOOD PLACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEYMOUR, MARK W., JR.	
STREET ADDRESS	425 BUTTONWOOD PL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FLETT, DAVID M.	
1.3 STREET ADDRESS	4825 PEPPER BUSH LANE	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SEYMOUR-FLETT, KAREN	
2.3 STREET ADDRESS	4825 PEPPER BUSH LANE	
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SEYMOUR, MARK W., JR.	
3.3 STREET ADDRESS	4825 PEPPER BUSH LANE	
3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: _____ DATE: **1/2/99** DAYTIME PHONE: **561-364-8886**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 (1/1/98)