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**PROFIT CORPORATION** ANNUAL REPORT

1999

DOCUMENT # F09221

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90068 047 \*\*\*150.00



WEST FI	Lorida Rehabilitation	SERVICES, INC.									
Principal Place	e of Business	Mailing Address				( (\$311.00 1111 00111	<b>. (8</b> () <b></b> 11 <b>8</b> (4 ()		#ec #:#ec #s4		187
1465 FORT-HARRISON AVE.		1465 FORT-HARRISON AVE.									
CLEARWATER FL 33756 US		CLEARWATER FL 33756 US				DO NOT WRITE IN THIS SPACE					
00		50			3.	Date Incorporated	or Qualifed				
						12/15/1980		_			
2. Principal P	face of Business	2a. Mailing Address			1	FEI Number				Applied For	
501	5, LINESIN AVE	- 26 <u>50/5,</u> L	weal	a Ave	, ,	<u>59-2042516</u>				Not Applicat	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	_	·		5. Certifcate of Status Desired			\$8.75 Additional Fee Required		1
22 500	k 23	27 Just 23									
City & Stat	e , E/	City & State	1	41	I .	Election Campaign	_			May Be d to Fees	ł
3 CROCK	vater, FL	28 (Kearwater	Coun	tor	-+-	Trust Fund Contrib				o to rees	
- 4ip こ つ2 かく・	Country	Zip 29 33756 [3		سر کی		This corporation ov Personal Property		rent year inti	angible Yes	□No	
4 3375	9. Name and Address of Curr	<del></del>	30 0	<u>~ ~ ~ </u>		Name and Addres		Registered .			
	3. Maine and Address of Curr	ent tredistated whalit		31 Name	10.			<b>g</b>	<u> </u>		
LINC	DA A. NICHOLS		L			<del></del>					
191	175TH TERRACE		1	32 Street A	Address (P.	O. Box Number is	Not Accept	able)			
REDI	INGTON SHORE FL 33708		[8	83					-		$\neg$
			L						-1. <u>-</u> 1 -		
			[1	B4 City				FL	85   Z	ip Code	
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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: