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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Feb 12, 1999 8:00am

Secretary of State

02-12-1999 90019 013 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F16656

MIZELL & ASSOCIATES, INC.

Principal Place	e of Business	Mailing Address			1 1300 (1000 (1001 (100) (1001 (100) (1001 (100) (1001 (100) (1001 (100) (1001 (100)	NITO DELLO BENTO DILLE BIOLI	AIRII AIRII BIBII) (8) (8) (10) (
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US		U\$		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or	Qualifed	•	
		1.2 11 11 11 11			01/29/1981	· · ·		F 15
	Place of Business	2a. Mailing Address			4. FEI Number 59-2062626		<u> </u>	plied For ot Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.			. 39-2002020		\$8.75	
—	#, etc.	_ 			5. Certifcate of Status D	Desired 🔲	Fee Re	
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23 Zip	Country	Zip	Countr	у	8. This corporation owe			
24	25		30	•	Personal Property Ta		` □ Yes -	No
2-7	9. Name and Address of Curren		331		10. Name and Address		Agent .	
		<u> </u>	81	Name		•		
	ell, lorraine g		82	Stroot Add	dress (P.O. Box Number is No	nt Accentable)		
	01 SW 16 ST.		02	Z Sueel Add	iress (F.O. DOX Number is 140	v Acceptable)		* * * * * * * * * * * * * * * * * * *
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			84	City		FI		code .
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11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute of Florida, Such change was at	es, the above	ve-named cor	poration submits this stateme tion's board of directors. I her	ent for the purpose o ebv accept the appo	ointment as re	gistered
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	uthorized by	/ the corporat	poration submits this stateme tion's board of directors. I here	ent for the purpose of eby accept the appo	ointment as re	gistered
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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 3 if changed, or on an attachment with an appears, with all other like empowered.