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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F26730

BOB VAUSE & ASSOCIATES, INC.

Principal Place of Business		Mailing Address				LINE ON OUT UNITED		BRECT BIRTH TREC	
1057 SW DALT		1057 SW DALTON AVENUE				•	•		
PORT ST LUCI	IE FL 34953	PORT ST LUCIE FL 34953			DO NOT WE	NTE IN THIS C	NDA OF		
US		US				RITE IN THIS S	SPACE		7
					3. Date Incorporated or Qualifer	0			
2. Principal P	Place of Business	2a. Mailing Address			03/16/1981 4. FEI Number			-0-4 C	┥
— ·	acc of business	26 Walling Address			59-2076700			plied For	-∤ ႏ
Suite, Apt.	# etc	Suite, Apt. #, etc.			39-20/6/00		\$8.75	t Applicable	-
22		27			5. Certifcate of Status Desired		Fee Re		"
City & Stat	te	City & State			6. Election Campaign Financing			·	┥
23		28			Trust Fund Contribution		\$5.00 Added t		
Zip	Country	Zip	Country		8. This corporation owes the cu	rrent vear Inter			-
24	25	29	30		Personal Property Tax.		∏ Yes	□No	
	9. Name and Address of Current				10. Name and Address of New	Registered A	gent		1
			81 Nam	ne	175		_		1
	ise, robert e		82 Stree	at Addres	o (D.O. Bay Mymbar in Not Acces	Anhle)			-
	7 SW DALTON AVE		62 Sile	et Audres	is (P.O. Box Number is Not Accep	table)			
POR	RT ST LUCIE FL 34953		83		1. 扩展: 25·20	11 14 14 55	18 14 8	(A), \$(5)) (\$E)	1
			04 67		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1000	0.230.2966		-
			84 City			FL	85 Zip 0	ode	ĺ
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligate	of Florida. Such change was aut	thorized by the co	ed corpor erporation	ation submits this statement for the 's board of directors. I hereby acce	e purpose of clept the appoint	hanging its ment as re	registered gistered	
SIGNATURE							•		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	Registered Agent signatur	re required w	hen reinstating)	DATE	•		1 2
12.	Signature, typed or printed name of registered agent OFFICERS ANI		Registered Agent signatur	re required w	hen reinstating)		DIRECTO	RS IN 12	g g
	OFFICERS ANI			re required w	ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTO	RS IN 12	(4.1/0g)
12.	OFFICERS AND P VAUSE, ROBERT E	D DIRECTORS	13.	re required w		FFICERS AND			241/44/08)
12 . TITLE	OFFICERS AND P VAUSE, ROBERT E 1057 SW DALTON AVENUE	D DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO O	FFICERS AND			E0341(44708)
12. TITLE NAME	P VAUSE, ROBERT E 1057 SW DALTON AVENUE PORT ST. LUCIE FL	D DIRECTORS ☐ DELETE	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO O	FFICERS AND			D2E0341/441001
12. TITLE NAME STREET ADDRESS	OFFICERS AND P VAUSE, ROBERT E 1057 SW DALTON AVENUE	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES		ADDITIONS/CHANGES TO O	FFICERS AND			CD2E0341/441081
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAUSE, ROBERT E 1057 SW DALTON AVENUE PORT ST. LUCIE FL	D DIRECTORS ☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP		ADDITIONS/CHANGES TO O	FFICERS AND	☐ Change	☐ Addition	CD0E0341/44/09)
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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: Kathleen (A)

561-336-3551

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90068 002 ***150.00