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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # **F47045**

1, Corporation Name

STREET ADDRESS

C. MICHAEL OLIVER, A.S.L.A., P.A.

							<b>6188</b> 1 6111 6161, 6	1911 91411 BIBSI	
Principal Place	of Business	Mailing Address					-		
9750 W SAMPI	le RD	9750 W SAMPLE RD			Ì				
SUITE A		SUITE A							
CORAL SPRINGS FL 33065		CORAL SPRINGS FL 33065				DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed			
					10	)/01/19 <u>8</u> 1			
2. Principal Pl	ace of Business	2a. Mailing Address				I Number		_ A	oplied For
21	· *	26			59	<del>}-</del> 2137532		N	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			- 0	estanta et Otatua Daniard		\$8.75	Additional
22		27			5. Ce	rtifcate of Status Desired		Fee R	equired
City & State		City & State			e Fle	ection Campaign Financing	n _	\$5.00	May Be
23	,	28				ust Fund Contribution	<b>"</b>		to Fees
Zip	Country	Zip	Cou	ntry		is corporation owes the cu	rrent vear int	angible	
<b>─</b> '	25	29	30	•		rsonal Property Tax.		Yes	□No
24	9 Name and Address of Current		100			ame and Address of New	Registered	Agent	
	3. Haine and Address of Callett	110States on URass		81 Name			<u> </u>		
OLIV	ER, C MICHAEL								
	W SAMPLES RD	82 Street		Address (P.O.	Box Number is Not Accept	otable)			
9750 W SAMPLES RU SUITE A							· · · · · · ·	• •	
	AL SPRINGS FL 33065			83					
CUR	AL SPRINGS PL 33003			84 City				85 Zip	Code
				'			FL	•   `   `	
		and 607 1509 Florido Statut	oc the el		corporation su	ibmits this statement for th	e purpose of	changing its	s registered
11. Pursuant	to the provisions of Sections 607.0502	f Florida. Such change was a	uthorized	oove-named by the corp	oration's board	l of directors. I hereby acc	ept the appoi	ntment as re	sgistered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was a	uthorized	i by the corp	oration's board	d of directors. I hereby acc	ept the appoi	ntment as re	sgistered
office or re agent. I as SIGNATURE	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Fig.	uthorized rida Stati	i by the corp ites.	poration's board	or directors. Thereby acc	ерг ине аррог	ntment as re	
office or re agent. I as SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligation of the state of registered agent.	ons of, Section 607.0505, Florand title if applicable. (NOTE	rida Statu Registered	i by the corp ites.	required when reinsta	atting)	DATE	nument as re	
office or re agent. I as SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligation of the state	ons of, Section 607.0505, Florand title if applicable.  O DIRECTORS	rida Statu Registered	The corputes.  Agent signature	poration's board required when reinstance	tating)	DATE DATE	ND DIRECT	ORS IN 12
office or re agent. I an	egistered agent, or both, in the State or marked from familiar with, and accept the obligation of the state o	ons of, Section 607.0505, Florand title if applicable. (NOTE	: Registered	Agent signature	required when reinstance  ADD	tating)  DITIONS/CHANGES TO COMPLY (TRANSPACE)	DATE DATE	nument as re	
office or reagent. I as SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligation of the state	ons of, Section 607.0505, Florand title if applicable.  O DIRECTORS	rida Statu Registered	Agent signature	required when reinst	tating) DITIONS/CHANGES TO C	DATE DATE	ND DIRECT	ORS IN 12
office or reagent. I as	egistered agent, or both, in the State or marked from familiar with, and accept the obligation of the state o	ons of, Section 607.0505, Florand title if applicable.  O DIRECTORS	:: Registered 13. 1.1 TO	Agent signature	required when reinstance ADE  SECRES  M. JE  BI35	tating) DITIONS/CHANGES TO COMPLY (TREASMER	DATE DEFICERS AN	ND DIRECT	ORS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP