PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # F81925

1. Corporation Name

ANDREW FINANCIAL CORPORATION

ANDIIL	THANGIAE OOTH OTATION													
Principal Place	e of Business	Mailing Address					1.4881	88 1187 18181 1 11						
7984 4TH AVE. St. Petersbuf		P.O. BOX 40724 St. Petersburg fl 33	743											
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						3.		rporated or 1	Qualifed	-				
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2		27				5.	Certifcate	of Status D	esired			Require		
City & State	e	City & State				6.	Election C	ampaign Fi	nancing		\$5.0	0 May	Be	1
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Zip	Country	Zip	Cor	intry		8.	This corpo	oration owes	s the curre	ent year Int	- 2	_		
.4	25	29	30					Property Ta			Yes	□N	<u> </u>	1
<u> </u>	9. Name and Address of Current	Registered Agent		04	Nome	<u>10.</u>	Name an	d Address	of New R	tegistered	Agent			{
GRE	en. Bernard			81	Name									1
	4TH AVE. SOUTH			82	Street Add	lress (F	O. Box No	mber is No	t Accepta	able)				
	ETERSBURG FL 33707			83										1
41]
•				84	City					FL	85 Zij	Code		
44 Duraugat	to the provisions of Sections 607.0502	and 607 1508 Florida Sta	tutes the s	bove-r	named cor	noratio	n submits t	his statemer	nt for the		<u>▶ </u> changing i	ts reais	stered	1
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was	authorized	d by th	e corporat	ion's bo	oard of dire	ctors. I here	eby accep	ot the appoi	ntment as	registe	red	
SIGNATURE			T. D	1.4			-1			DATE				١.
	Signature, typed or printed name of registered agent a OFFICERS AND		TE: Registered	Agent s	signature requii			S/CHANGE:	S TO OF		ID DIRECT	TORS I	N 12	1 6
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

ORGANIZED AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90055 049 ***150.00