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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

 Corporation 	SSOCIATES, INC.						
Principal Place of Business Mailing Address							
BANYAN BEACH MOTEL 1630 6TH ST. US 17. NW WINTER HAVEN FL 33880 BANYAN BEACH MOTEL 1630 6TH ST. US 17. NW WINTER HAVEN FL 33880 WINTER HAVEN FL 33880							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/11/1982
			2a. Mailing Address				4. FEI Number Applied For
2. Principal Place of Business			26				59-2195782 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	\$8.75 Additional
22			27				5. Certificate of Status Desired Fee Required
City & State							6. Election Campaign Financing \$5.00 May Be
23	28						Trust Fund Contribution Added to Fees
Zip	Country		Zip	Countr			8. This corporation owes the current year Intangible
24	25	29	30				Personal Property Tax. Yes No
	9. Name and Address of Curren	t Regi	stered Agent		31	Name	10. Name and Address of New Registered Agent
PARMAR, ARVIND K 1630 6TH ST, US 17, NW							dress (P.O. Box Number is Not Acceptable)
WINTER HAVEN FL 33880 - 3388).				8	33	<u> </u>	And Apply 18 Fire
				8	34	City	FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AN	D DIRI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	PADMAD ADMID I		☐ OELETE	1.1 TITLE			
NAME	PARMAR, ARVIND K			1.2 NAM			
STREET ADDRESS	1630 6TH ST,US 17, NW			1		ADORESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000		Desete	1.4 CITY	_	T-ZIP	☐ Change ☐ Addition
TITLE	S DADMAD ANITA A		☐ DELETE	2.1 TITLI 2.2 NAM			- Outries - Wanting
NAME	PARMAR, ANITA A						·
STREET ADDRESS	1630 6TH ST,US 17, NW					ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000		DELETE	2.4 CITS 3.1 TITL		1-219	☐ Change ☐ Addition
TITLE	•			3.2 NAM			
NAME						ADDRESS	
STREET ADDRESS				3.4, CIT			
CITY-ST-ZIP TITLE	` <u></u>		☐ DELETE	4.1 TITU		r-41F	☐ Change ☐ Addition
NAME	•		—	4. 2 NAN		1	(
ļ			•			ADDRESS	
STREET ADDRESS				4.4 CITY			
CITY-ST-ZIP			☐ DELETE	5.1 TITL	_	1 - <u>a</u> lf	Change Addition
NAME				5.2 NAM			
STREET ADDRESS				5.3 STRI	EET	ADDRESS	

CITY-ST-ZIP 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

941-293-3658

☐ Addition

Change