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 # F94726 1. Corporation Name

GLADWIN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address	
143 FERN STREET/POB 7101	143 FERN STREET/POB 7101 .uipiter Fl. 33458	

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90099 026 ***150.00



					1	1841 BIBN BIBN 1	\$811 B1811 {881	
Principal Place	e of Business	Mailing Address						
143 FERN STREET/POB 7101 143 FERN STREET/POB 7101 JUPITER FL 33458 JUPITER FL 33458				DO NOT WRITE IN THIS	SPACE			
					3. Date Incorporated or Qualifed	0.702	7	
					08/16/1982		}	
2 Daineinel O	lane of Duniscoo	2a. Mailing Address			4. FEI Number	- An	plied For	
— 10-1 C	lace of Business	- imi (- ali	Since		59-2227705	_ 	t Applicable	
21 15 F	ERN STREET	26 5 12 12 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15	بالح		39-2221103	\$8.75		
Suite, Apt.	#, etc.	⊢ ' ' ' '			5. Certifcate of Status Desired	Fee Re		
City & State		City & State			6. Election Campaign Financing	\$5.00	May Po	
¬ ~. ~.	TER FL	28 JUPITER.	FI.		Trust Fund Contribution	Added t		
23 <u>ا Ω Ω</u> 7in	Country	Zip	Country	·	8. This corporation owes the current year Int	angible		
ZA 3545	58 25 USA	29 33458 3	ຕ / ໂ∢	SA	Personal Property Tax.	☐Yes	□No	
24 00 10	9. Name and Address of Current	<u> </u>	,		10. Name and Address of New Registered	Agent		
			81	Name				
GLAI	DWIN, DANIEL		00	Charact Addre	(D.O. Roy Number is Net Acceptable)			
19713 RIVERSIDE DRIVE			82	82 Street Address (P.O. Box Number is Not Acceptable)				
JUPI	TER FL 33469		83	İ				
			84	City	FL	85 Zip (Code	
11 Pursuant	to the provisions of Sections 607 0502	and 607,1508. Florida Statutes	the above	e-named corpo	pration submits this statement for the purpose of	changing its	registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was auti	nonzea by	the corporatio	n's board of directors. I hereby accept the appoi	ntment as re	gistered	
SIGNATURE					when reinstating) DATE		\	
40	Signature, typed or printed name of registered agent OFFICERS ANI		13.	nt signature required	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12	
12.		□ DELETE	1.1 TITLE		7.0011101101101101101	Change	Addition	
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CITY-ST-ZIP	JUPITER, FL 00000			I				
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		☐ DELETE	3.1 TITLE	ST-ZIP		☐ Change	☐ Addition	
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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 peport 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 of the receiver of 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 of or an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #