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 # F9600001997

2. Principal Place of Business

Suite, Apt. #, etc.

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ANDREW W. BOOTH AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1942 NORTHWOOD DRIVE SALISBURY MD 21801-7824	1942 NORTHWOOD DRIVE SALISBURY MD 21801-7824

2a. Mailing Address

Suite, Apt. #, etc.

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90020 023 ***150.00

	DO NOT WRITE IN THIS	SPACE	
	Date Incorporated or Qualifed		
	04/22/1996		
4.	FEI Number	Applied For	
	52-1301174	Not Applicable	
5.	Certifcate of Status Desired	\$8.75 Additional Fee Required	
6.	Election Campaign Financing	\$5.00 May Be	

27 City & State City & State 28 Trust Fund Contribution Added to Fees Country Country Zip 25 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CHILDERS, ROY, K. 5694 SOUCHAK DR. AND ASSOCIATES, INC. 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33413

11. 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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature r	required when reinstating) / (DATE	-	
12.	. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCD DELETE	1.1 TITLE	50 1700 173	☐ Change	☐ Addition
NAME	BOOTH, ANDREW W	1.2 NAME		5	
STREET ADDRESS	8402 HILDA DRIVE	1.3 STREET ADDRESS		f G	
CITY-ST-ZIP	SALISBURY MD	1.4 CITY-ST-ZIP		1.	
TITLE	V □ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	STUCHLIK IV, CHARLES F	2.2 NAME			
STREET ADDRESS	RD 4 BOX 111A	2.3 STREET ADDRESS			
CITY-ST-ZIP	GEORGETOWN DE	2.4 CiTY+ST+ZiP			
TITLE CLASS	STD BOY W	3.1 TTILE	• • •	Change	☐ Addition
NAME	SHAHAN JOHN REASON (1975)	3.2 NAME			,
STREET ADDRESS	3424 RESIDENTIAL DRIVE	3.3 STREET ADDRESS	1. 1. 主體對性驗物學的學院學的學術。		NO KAN MAN
CITY-ST-ZIP	ALLEN MD	3.4. CITY-ST-ZIP	1		BH IVALIAN
me	D DELETE	4.1 TITLE	。	> Change !	∰ Addition
NAME ADDITION	HERMAN, KENNETH R	4. 2 NAME			
STREET ADDRESS	1138 NEVINS PLACE	4.3 STREET ADDRESS	·		
CITY-ST-ZIP	SALISBURY MD	4.4 CITY-ST-ZIP		<u> </u>	
TITLE	☐ DELETE	5.1 TITLE		Change	Addition
NAME		5.2 NAME		4	
STREET ADDRESS	PCD	5.3 STREET ADDRESS	ent a set our	• *	
CITY-ST-ZIP	MARKET STATE OF THE STATE OF TH	5.4 CITY-ST-ZIP	5), 1-81373		
TITLE	SATISTICAL YEAR DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME	Parallel 12	6.2 NAME		•	
STREET ADDRESS	Appendiction of the second of	6.3 STREET ADDRESS			,
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

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 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