**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999

DOCUMENT # G02711

<ol> <li>Corporation</li> </ol>	n Name						
RAY STEWART AND ASSOCIATES, INC.							
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	<u> </u>				<u></u>	DIDIK BIBIL DIDIK BIBIL DI	01/ B) B)   (80)
Principal Place of Business Mailing Address							
899 SW 10TH AVE 899 SW 10TH AVENUE							
BOCA RATON FL 33436 BOCA RATON FL 33486					DO NOT WRITE IN	THIS SDACE	
us us						THIS STACE	
					3. Date incorporated or Qualifed		]
					10/24/1982	<del></del>	
2. Principal P	Principal Place of Business     Za. Mailing Address				4. FEI Number .		lied For
21 26		26			59-2225802		Applicable
- Suite, Apt. #, etc. Suite, Apt. #, etc.			•	-	5. Certificate of Status Desired	\$8.75 A	
22	27				3. Oct modició o octato o octato	Fee Rec	quired
City & State City & State					6. Election Campaign Financing	\$5.00 1	May Be
23	-, · · · · · · · · · · · · · · · · · · ·				Trust Fund Contribution	Added to	Fees
Zip				y	8. This corporation owes the current ye	ar Intangible	
24	25 29 30				Personal Property Tax.		□No \
24)	9. Name and Address of Current	1 1	-T	•	10. Name and Address of New Regist	ered Agent	
	5. Hame and Addition of Cartons	- Control of the cont	81	1 Name			ĺ
STEWART, RAY				<u> </u>			
899 SW 10TH AVE			82	2 Street Ac	ddress (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33486			83	3			
BOOK INTOKIE 90400				1			
, in the second of the second				4 City		FL 85 Zip C	ode
Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorized the state of Florida Statute State of Florida Statutes.				<u> </u>	the state and the state areas for the state areas		registered
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t Felorida, Such change was autho	he abov rized by	ve-named co v the corpora	orporation submits this statement for the purpo ation's board of directors. I hereby accept the	appointment as reg	istered
agent. i a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statute	\$.		.,	ļ
SIGNATURE							
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regi	stered Age	ent signature requ		ATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D DELETE 1.11		1.1 TITLE	•	• •	Change	Addition
NAME	STEWART, RAY		1.2 NAME				
STREET ADDRESS	200 000 0000 0000		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	DOCA DATON EL COACO		1.4 CITY-	ST-ZIP			1
TITLE			2.1 TITLE			☐ Change	Addition
1	_		2.2 NAME		,		
NAME	Orcitatii tati				·	• .	
STREET ADDRESS	- Cop Cyr. 101111/112			ET ADDRESS -	•		}
CITY-ST-ZIP	BOOK 18th Office Co.		2. 4 CITY-			Change	☐ Addition
TITLE		DELETE	3.1 TITLE				
NAME			3.2 NAME		•		
STREET ADDRESS			3.3 STRE	ET ADDRESS	•		
CTTY-ST-ZIP	·		3.4. CITY-	-ST-ZIP			T Addition
TITLE		☐ DELETE	4,1 TITLE			☐ Change	☐ Addition
NAME	: "	İ	4.2 NAME		-		
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	<u> </u>		4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME	:		•	
STREET ADDRESS	1		5.3 STRE	ET ADDRESS	•		
			5.4 CITY-	ST-ZIP			

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 of 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, if in an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

a english i gilila

te man

TITLE

NAME

STREET ADDRESS

DELETE

Change

■ Addition

May 03, 1999 8:00 am Secretary of State

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