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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G13170

1. Corporatio	ON AND ASSOCIATES, P.A						! ! !! !!! !!
Principal Plac	e of Business	Mailing Address					
4300 BAYOU BLVD #21						ē	
					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 12/14/1982		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21	26				59-2232137	No	t Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.			-	5. Certifcate of Status Desired	\$8.75 A	Additional
22	27				5. Certificate of Status Desired	Fee Re	quired
City & State City & State				6. Election Campaign Financing \$5.00 May Be		, ,	
23 28		28			Trust Fund Contribution	Added t	o Fees
Zip 24	Country Zip 25 29 30		Country 30	Si Tillo corporation and any of the same		Intangible ☐ Yes	Æ No
- ; ı	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registere	d Agent	
			81	Name			
DENNISON, DEAN			82	Street Add	iss (P.O. Box Number is Not Acceptable)		
4300 BAYOU BLVD #21							
PEN	SACOLA FL 32503		83	1			
			84	84 City FL		85 Zip (Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State in familiar with, and accept the obligation	of Florida, Such change was aut	thorized by	the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its pointment as reg	registered gistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				nt signature requir	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DC IN 12
12.	OFFICERS AND DIRECTORS DELETE		13.	· I	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE	PST PEAN F	1.11 1.2 N				C onango	
NAME	DENNISON, DEAN F. 8408 RIDGEFIELD RD	•		TADDRESS			
STREET ADDRESS							
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	S1-ZIP		Change	Addition
NAME	_		2.2 NAME				_ [
STREET ADDRESS				T ADDRESS			,
CITY-ST-ZIP			2. 4 CITY-				Į
TITLE			3.1 TITLE		,	☐ Change	Addition
NAME	DENNISON, DEAN F.		3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			ST-ZIP			
TITLE		☐ DELETĘ	4.1 TITLE		•	☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS	4.3 \$		4.3 STREE	TADORESS			
CITY-ST-ZIP			4.4 CITY-S	iT-ZIP			
TITLE		☐ DELETÉ	5.1 TITLE		•	Change	Addition
NAME			5.2 NAME				ļ
STREET ADDRESS	' 			T ADDRESS			{
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	1-ZIP		☐ Change	Addition
TITLE		C) DELETE	6.2 NAME				L Facilitati
1957AL				TADDRESS			j
STREET BITTLES							

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 all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP