

FILE NCW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 20, 1999 8:00am
Secretary of State

01-20-1999 90010 003 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G21049 1. Corporation Name ACCURATE LAND SURVEYORS, INC.					
Principal Place of Business 1309 S.E. 1ST STREET POMPANO BEACH FL 33060			Mailing Address 1309 S.E. 1ST STREET POMPANO BEACH FL 33060		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/21/1983	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2263511	
City & State 23		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country 29		Zip 30		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent THOMPSON, ROBERT L 1080 N.E. 28TH AVENUE POMPANO BEACH FL			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 85 Zip Code		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P ☐ DELETE				
NAME	THOMPSON, ROBERT L				
STREET ADDRESS	1080 N.E. 28TH AVENUE				
CITY-ST-ZIP	POMPANO BEACH FL				
TITLE	ST ☐ DELETE				
NAME	THOMPSON, PATRICIA A				
STREET ADDRESS	1080 N.E. 28TH AVENUE				
CITY-ST-ZIP	POMPANO BEACH FL				
TITLE	☐ DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE ☐ Change ☐ Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE ☐ Change ☐ Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE ☐ Change ☐ Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE ☐ Change ☐ Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE ☐ Change ☐ Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE ☐ Change ☐ Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99 954 782-1441

Date

Daytime Phone #

CR2E034 (1/198)