## FILE NCW: 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 # G21049

1. Corporation Name

ACCURATE LAND SURVEYORS. INC.

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Jan 20, 1999 8:00am
Secretary of State

01-20-1999 90010 003 \*\*\*150.00



Mailing Address Principal Place of Business 1309 S.E. 1ST STREETT 1309 S.E. 1ST STREETT POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/21/1983 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2263511 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zip ΠNo ☐ Yes Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 THOMPSON, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 82 1080 N.E. 28TH AVENUE POMPANO BEACH FL 83 85 Zip Code 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition ☐ Change ☐ DELETE 1.1 TITLE TITLE THOMPSON, ROBERT L 12 NAME NAME 1080 N.E. 28TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME THOMPSON, PATRICIA A NAME 2.3 STREET ADDRESS 1080 N.E. 28TH AVENUE STREET ADDRESS POMPANO BEACH FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME. NAME. 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 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 an address, with all other like empowered.

954 782-1441

CR2E034 (11/98)