## 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 # G26015

1. Corporation Name

ANDREWS AGENCY, INC.

## May 07, 1999 8:00 am Secretary of State

05-07-1999 90168 023 \*\*\*150.00



Principal Place of Business Mailing Address					1,12,111, 22,111						
720 VASSAR ST. P. O. BOX 3445											
ORLANDO FL 32804 ORLANDO FL 32805-3445				DO NOT WRITE IN THIS SPA			PACE				
						3. Date Incorporated					1
						03/02/1983					
2. Principal P	lace of Business	2a. Mailing Ad	ddress		· · · · · · · · · · · · · · · · · · ·	4. FEI Number		<del></del> -	Ap	plied For	
21		26				59-2282849				t Applicable	1
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.		-				\$8.75		
22		27				5. Certifcate of Statu	is Desired [		Fee Re	quired	1
City & Stat	te	City & Sta	ate			6. Election Campaig	n Financing ,		\$5.00	Mav Be	l
23	• •	28				Trust Fund Contri	bution	<u> </u>	Added t	Fees	
Zip	Country	Zip		Country		8. This corporation of	wes the current	t year Intanç	gible	_	
24	25	29	;	30		Personal Property			] Yes	□No	
	9. Name and Address of Curre	ent Registered Ager	nt			10. Name and Addre	ess of New Reg	gistered Ag	ent		┨
AND	DEDAG MACHAEL			81	Name						
	REWS, MICHAEL 5 HOLLIDAY AVE.			82	Street Add	tress (P.O. Box Number is	Not Acceptable	e)			
	PKA FL 32703										
AFO	FRA FL 32/03			83							
				84	City				85 Zip (	ode	4
				ì	ì		·	<u> FL</u>	<u>l</u>		
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Fl	lorida Statutes	s, the above thorized by	e-named corporate	poration submits this state	ement for the pu hereby accept to	irpose ot cha he appointm	anging its nent as rec	registered sistered	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such ch	iange was aut	thorized by	the corporati	poration submits this state tion's board of directors. I	ement for the pu hereby accept to	irpose of cha he appointm	anging its nent as reg	registered	-
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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 of the all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP