## 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 # G44760 1. Corporation Name

M OF TALLAHASSEE, INC.		
Principal Place of Business	Mailing Address	
4223 CAPITAL CIR. NW TALLAHASSEE FL 32303	4223 CAPITAL CIR. NW TALLAHASSEE FL 32303	
2. Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

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M OF TA	ALLAHASSEE, INC.						
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Principal Place	e of Business	Mailing Address					
4223 CAPITAL	CIR. NW	4223 CAPITAL CIR. NW					
TALLAHASSEE FL 32303 TALLAHASSEE FL 32303			DO NOT WRITE IN TH	IS SDACE			
					3. Date Incorporated or Qualifed	13 3FACE	
					1 7 7 7 7		ļ
		O- M-Stan Address			06/22/1983 4. FEI Number	Applie	nd For
2. Principal Pl	lace of Business	2a. Mailing Address			· ·		
21		26			59-2280870	\$8.75 Add	pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Requi	
22		City & State			A Floribus Consideration		
City & State	e ·	— ´			6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> Ma Added to F	
23	- Country	28	Country				663
Zip	Country		30		This corporation owes the current year     Personal Property Tax.		No.
24	9 Name and Address of Curren		30		10. Name and Address of New Registere		
	9. Name and Address of Currer	ir vehistolen väälir	81	Name	10. Harrie Sire Fredions of Hore Hallings	·	
WILL	KINSON, BEN H	•					
	5-A CAPITAL CIRCLE, N.E.		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	AHASSEE FL 32317-0527	•	83	<del> </del>			*(16.65 to #)
IALL	MINOGEE I E GEGTI GGET		63	:	· · · · · · · · · · · · · · · · · · ·		
	•		84	City		85 Zip Cod	le ''
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11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above	e-named or the cornor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	or cnanging its reg ointment as regist	gistered tered
office or r	edistered agent of hold in the State	of Florida. Such change was au	iinorizea dv	the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	or changing its regist	gistered tered
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the control of the control of the provisions of th	of Florida. Such change was au	iinorizea dv	the corpor	ation's board of directors. Thereby accept the app	or changing its regist	gistered tered
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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, of an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #