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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # G75014

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90030 034 \*\*\*150.00

1. Corporation	n Name	7					
i ·	ARE SUPPORT TEAM, INC.						
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							11811 A1811 1881
Principal Place of Business Mailing Address							<b>                                     </b>
3900 WOODLAKE BLVD. STE 200 3900 WOODLAKE BLVD. ST			ere ann				
LAKE WORTH FL 33463: LAKE WORTH FL 33463			SIE 200				
2	. 2 50 100				DO NOT WRITE IN 1	THIS SPACE	
					3. Date Incorporated or Qualifed	•	
		•			12/23/1983		
Principal Place of Business     2a. Mailing Address				4. FEI Number	Ar	plied For	
21		26			59-2351269		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	
22		27			<b>6</b> , 55, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	Fee Re	equired
City & Stat	te,	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent	81	Non-	10. Name and Address of New Registe	red Agent	
ÓCA	COOK ALPERTY	•	81	Name		-	
	COCK, ALBERT L O WOODLAKE BLVD, STE 200		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	•	
	E WORTH FL 33463	4			A Company of the comp	100 100 11 71 6 2 1	21/21/21/21/21
LAN	E WORTH FE 33403		83	`			
			84	City	List A Britis Die Charles and Prodit	85 Zip	Code
				<u> </u>		FL	
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statut e of Florida. Such change was a	tes, the abov authorized by	e-named corporation	oration submits this statement for the purposin's board of directors. I hereby accept the a	e of changing its	registered distered
	m familiar with and accept the obliga	0 007 000 51-					
agent. I a	in landa with, and accept the oblige	ations of, Section 607.0505, Fig	orida Statutes	š			
agent. 1 a SIGNATURE	<b>.</b> .						
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	E: Registered Age		when reinstating) '= (\(\sigma\) = DAT	E	
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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, with all other like empowered.

SIGNATURE: