ANNU	PROFIT RPORATION JAL REPORT 1999		AFTER MAY 1ST IS \$55 FLORIDA DEPARTMEN Katherine Hau Secretary of Str Division of Corpo		FILED Jul 29, 1999 8:00 am Secretary of State 07-29-1999 90012 038 ***550.00	
. Corporation	MENT # G76 Name DLOGY ASSOCIATES,					1971 ANNI ANNI ANDI ANDI ANDI ANDI AND
Principal Place M S. STATE R UITE 6 ARGATE FL 33 S	ROAD 7	541 S. Suite	g Address STATE ROAD. 7 6 ITE FL 33068		DO NOT WRITE IN T 3. Date Incorporated or Qualifed 12/16/1983	
-	lace of Business	2a. Ma 26	illing Address		4. FEI Number 59-2384359	Applied For Not Applicabl
Suite, Apt. #	#, etc.		ite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	e		ty & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country 25	Zir Zir 29)	Country	 This corporation owes the current year Personal Property Tax. 	ar Intangible
L	9. Name and Address o		ed Agent	81 Name	10. Name and Address of New Registe	ered Agent
541 S. STATE ROAD 7 SUITE 6 MARGATE FL 33068 1. Pursuant to the provisions of Sections 607,0502 and 607.1508; Florida Statutes office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida				83 84 City		85 Zip Code
1. Pursuant i office or re	to the provisions of Sections registered agent, or both, in t	s 607,0502 and 607.1 the State of Florida. S	1508; Florida Statu Such change was a	tes, the above-named corr authorized by the corporati	eration submits this statement for the purpos	FL 63 210 Code se of changing its registered appointment as registered
office or re agent. I ar IGNATURE	registered agent, or both, in t im familiar with, and accept	the State of Florida. S he obligations of, Se	ction 607.0505, Flo	orida Statules.	oration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its registered
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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:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
Daytime Phone #

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