

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-26-1999 90018 047 ***150.00

DOCUMENT # G77143

1. Corporation Name
C. EDWARD WALLACE C.P.A., P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: % C. EDWARD WALLACE, 2525 PASADENA AVENUE SOUTH, SUITE M, SOUTH PASADENA FL 33707
 Mailing Address: % C. EDWARD WALLACE, 2525 PASADENA AVENUE SOUTH, SUITE M, SOUTH PASADENA FL 33707

3. Date Incorporated or Qualified: **12/29/1983**

4. FEI Number: **59-2358853** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent: **WALLACE, C. EDWARD, 2525 PASADENA AVENUE SOUTH, SOUTH PASADENA FL 33707**

10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, C. EDWARD	1.2 NAME	59-2358853
STREET ADDRESS	2525 PASADENA AVE, M	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH PASADENA FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, C. EDWARD	3.2 NAME	
STREET ADDRESS	2525 PASADENA AVE, M	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH PASADENA FL 33707	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. EDWARD WALLACE	4.2 NAME	
STREET ADDRESS	2525 PASADENA AVE, M	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH PASADENA FL 33707	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD	5.2 NAME	59-2358853
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	33707
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, C. EDWARD	6.2 NAME	
STREET ADDRESS	2525 PASADENA AVE, M	6.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH PASADENA FL	6.4 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 as an attachment with an address, with all other like empowered.

SIGNATURE: **C. Edward Wallace** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: **1-9-99** DATE
 DAYTIME PHONE #

CR2E034 (11/98)