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

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

C/O WILLIAM R. NORTHOUT

INDIAN HARBOUR BEACH FL 32937

2194 HWY A1A. STE 306

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H07252

1. Corporation Name

Principal Place of Business

C/O WILLIAM R. NORTHCUT

INDIAN HARBOUR BEACH FL 32937

2. Principal Place of Business

2194 HWY A1A, STE 306

Suite, Apt. #, etc.

City & State

22

WILLIAM R. NORTHCUTT, P.A.

02-19-1999 90029 007 ****	150.	00	
DO NOT WRITE IN THIS	SPA	СF	
3. Date Incorporated or Qualifed			
06/08/1984~	-		
4. FEI Number	_		Applied For
<u>59-2415854</u>		_	Not Applicable
5. Certificate of Status Desired			5 Additional Required
Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
	ĽΥ	es	□No
Name and Address of New Registered A	gent	t	
(P.O. Box Number is Not Acceptable)			
FL	85		ip Code
on submits this statement for the purpose of ch board of directors. I hereby accept the appoint	nang ment	ing as	its registered registered
n reinstating) DATE			
ADDITIONS/CHANGES TO DESIGNED AND			

FILED

Feb 19, 1999 8:00am

Secretary of State

23 Zip Country Zip Country 8. T 24 29 9. Name and Address of Current Registered Agent 10. N 81 NORTHCUTT, WILLIAM R. 82 2194 HWY A1A, STE 306 Street Address (P.O. INDIAN HARBOUR BEACH FL 32937 83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation st office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reins 12. OFFICERS AND DIRECTORS 13. CR2E034 (11/98 TITLE O OFFICERS AND DIRECTORS IN 12 ☐ DELETE 1.1 TITLE Addition NAME NORTHCUTT, WILLIAM R. 1.2 NAME 2194 HWY A1A, STE. 306 STREET ADDRESS 1.3 STREET ADDRESS INDIAN HARBOUR BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change ☐ Addition -NESSE NORTHCUTT, SIEGRID D SALIMAN 2194 HWY, A1A STE, 306 STREET ADDRESS 2.3 STREET ADDRESS INDIAN HARBOUR BEACH FL 32937 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRES 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP TITLE ☐ DELETE 5.1 TITLE Change ☐ Addition 4NAMF 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 with all other like empowered.

SIGNATURE:

407-773-5320