PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H68429**

1. Corporation Name

OWENS, SASSER & ASSOCIATES, INC.

Principal Place of Busi
464 DOUGLAS AVE.
OLDSMAR FL 34677

Mailing Address

464 DOUGLAS AVE. OLDSMAR FL 34677

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90199 017 ***150.00



Suite, Apt. #, etc. 27 City & State Country State Country State SASSER, CANDACE 464 DOUGLAS ROAD, E. OLDSMAR FL 34677 Sas City & State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2a. Mailing Address 5. Section 2 5. Sectio							3. Date Incorporated or Qualifed			
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25		Country		Co	untry			-		
9. Name and Address of Current Registered Agent SASSER, CANDACE 464 DOUGLAS ROAD, E. OLDSMAR FL 34677 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 change was authorized by the corporation's board of directors. I hereby accept the appointment 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 reinstating) DATE	~ '		⊢ '	_				Yes	□No	
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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 informati 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.

813-855-6917 Daytime Phone #