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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H76953 1. Corporation Name

PRISCILL	.a S. Gerard, C.P.A., P.A	•				A TORRIBUS MUST LABOUR MUSTER STREET ALLEGO AND A STREET		
Principal Place	of Business	Mailing Address					HOLD DIDIL DEBLE DI	
P.O. BOX 185 P.O. BOX 185								
BABSON PARK FL 33827 BABSON PARK FL 33827				•		DO NOT HOUSE IN THIS	CDACE	
						DO NOT WRITE IN THIS	SPACE	 1
						3. Date Incorporated or Qualifed 09/30/1985		
2 Driveral D	ace of Business	2a. Mailing Address				4. FEI Number	Anı	plied For
 1	ace of business	26. Maining Address				59-2593548		t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75 A	
22	, , , , , , , , , , , , , , , , , , , ,	27				5. Certificate of Status Desired	Fee Re	quired
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Cou	intry	•	8. This corporation owes the current year in		
24	25	29	30	_		Personal Property Tax.		□No
•	9. Name and Address of Currer	t Registered Agent	• •	81	Name	10. Name and Address of New Registered	Agent	
GER	ARD, PRISCILLA S.			"	Name			
1055 S. SCENIC				82	Street Addre	dress (P.O. Box Number is Not Acceptable)		
BABSON PARK FL 33827				83				
UND	5011 / 711111 / 2 55521			ြီ		·		
•				84	'	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	tutes, the a	bove	e-named corpo	oration submits this statement for the purpose of in's board of directors. I hereby accept the appo	changing its	registered
office or re agent. I a	egistered agent, or both, in the State m familiar with _n and accept the obliga	of Florida. Such change was tions of Section 607.0505, F	Torida Stati	utes.	the corporation	it's board of directors. Thereby accept the appo	·	Jistorea
SIGNATURE	James &	Guard				4/19/9	1	
	Signature, typed or printed name of registered age	/	 _	Agen	nt signature required	ADDITIONS/CHANGES TO OFFICERS A	ID DIRECTO	DC IN 12
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	PST PRICULA C	Doere	1.1 TI 1.2 N					
NAME	GERARD, PRISCILLA S. 830 S SCENIC				T ADDDESS	•		
STREET ADDRESS	BEBSON PARK FL		1		TADDRESS			
CITY-ST-ZIP	DEDOON FARN FL	☐ DELETE	1.4 U 2.1 π	TY-SI	1.21		Change	☐ Addition
NAME -	GERARD, PRISCILLA S.		2.2 N					
STREET ADDRESS	830 S SCENIC				TADORESS	•		
	BABSON PARK FL				ST-ZIP	,	•	
CITY-ST-ZIP TITLE	,	DELETE	3.1 π				Change	☐ Addition
NAME	,	_	3.2 N			• •		
STREET ADDRESS	,				TADDRESS	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP	•				ST-ZIP			
TITLE		☐ DELETE	4.3 TI				Change	☐ Addition
NAME			4.2 N	IAME		•		
STREET ADDRESS			4.3 S	TREET	T ADDRESS			
CITY-ST-ZIP			4.4 C	TY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TI	πE			☐ Change	Addition
NAME	,		5.2 N	AME				
STREET ADDRESS	4		5.3 \$1	TREET	TADDRESS			
CITY-ST-ZIP	-			ITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 Ti				Change	☐ Addition
NAME	, .		6.2 N			•		
STREET ADDRESS			6.3 S	TREE	TADDRESS			ļ

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP