FILED

Mar 29, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION , ÄNNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H97432

PREMACK AND ASSOCIATES OF PINELLAS, INC.

	·* ·				
Principal Place of Business Mailing Address					£ 1886 Bit Birg (Brit CBBit Binge titis trat drate gingt billir asaus annit albus sant
8130-66TH STRE #10	EET NORTH	8130-66TH STN.#10 PINELLAS PARK FL 33781			
PINELLAS PARK FL 33781 US					DO NOT WRITE IN THIS SPACE
US 👡					3. Date Incorporated or Qualifed 02/04/1986
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For
21		26			59-2669601 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired \$8.75 Additional
22		27	27		5. Certificate of Status Desired Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5:00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip			Country	•	8. This corporation owes the current year Intangible
24	25		30		Personal Property Tax.
	Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
0051	MACK AUDDEV D		81	Name	
PREMACK, AUDREY B.			82	Street /	Address (P.O. Box Number is Not Acceptable)
	66TH ST., NO-#10				
PINE	LLAS PARK FL 33781		83	1	
	•		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.					
_	<u></u>				
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE: F	Registered Age	nt signature re	required when reinstating) DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TTLE	.	PRESIDENT AUDREYB. Change Addition PREMISER AUDREYB.
NAME	-Premack, Irwin		1.2 NAME	į	PREMICUS HODICE 7 - #10
STREET ADORESS	8 130 66TH ST.;N.# 10		1.3 STREE	T ADDRESS	8130 - 6674 21 180 3 27 8 1
CITY-ST-ZIP	PINELLAS PARK EL		1.4 CITY-S	T-ZIP	PINECAS PANC FC 3378/
TITLE	ST	☐ DELETE	2.1 TITLE	,	Change Addition
NAME	PREMACK, AUDREY B.		2.2 NAME	İ	
STREET ADORESS	8130-66TH ST. N. #10		2.3 STREE	T ADDRESS	
CITY-ST-ZIP.	PINELLAS PARK FL 33781		2. 4 CITY-5	ST-ZIP	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME		The state of the s	3.2 NAME	•	
STREET ADORESS			3.3 STREE	TADDRESS	-
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Ī	☐ Change ☐ Addition ☐
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-S		
TITLE		□ DELETE →	5.1 TITLE		☐ Change ☐ Addition
NAME	• .		5.2 NAME	Ì	
STREET ADDRESS	,		5.3 STREE	TADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME	 		6.2 NAME	ļ	
CTDEET ADORESS	·		6.3 STRFF	TADDRESS	

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 suppliemental 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