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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J11974 1. Corporation Name

COUNCIL COMPANY, INC.		
* 877.7849 315		
4 4 7 25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Principal Place of Business	Mailing Address	
6616 GATEWAY AVE	6616 GATEWAY AVE	

## **FILED** Jan 25, 1999 8:00am **Secretary of State**

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6616 GATEWAY AVE 6616 GATEWAY AVE SARASOTA FL 34231 SARASOTA FL 34231									
SAINSOTA FE SAEST				DO NOT WR	ITE IN THIS S	PACE			
				•	3. Date incorporated or Qualifect				
					04/28/1986				
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			plied For	9
21		26		<u></u>	59-2676762			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		•	Additional	} .
22		27					Fee Re	<del></del>	1
City & Stat	te	City & State			6. Election Campaign Financing			May Be	
23		28		A	Trust Fund Contribution			to Fees	ł
Zip	Country	Zip	Coun	ury	8. This corporation owes the cur		ngible ∐Yes	□No	
24]	25	[29]	30	-	Personal Property Tax.  10. Name and Address of New				ł
	9. Name and Address of Curren	nt Registered Agent		81 Name	10. Name and Address of New	regional ri	90		1
COL	JNCIL, CLYDE C.		Ľ	- 1					
	2 BRONX AVE		[1	82 Street Add	ress (P.O. Box Number is Not Accept	able)			
	ASOTA FL 34231		-	83	# 6. (d) in Dette 2 has a face for a . (e) de tot #881   detectible (Best a	ទីស្តា តិ ទី ស្តានាការ ១៤។ - ប៉ុន្តែ និង ស្តានាក្រុម ដូច្នេ	is the state of th	51000 (L. 1941) 1081 (Likel (Like	1
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office of	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such channe was a	าเสดการคณ	by the corporati	on's board of directors. I hereby acce	ept the appoint	ment as re	gistered	١.
011100 01	am familiar with, and accept the obliga	-Man - Continu COT NEOF Ele	فريقه فكالما والمتديدة		•				
agent. I a	ann rammar with, and accept the obliga	ations of, Section 607.0505, Fig	orida Statu	tes.					
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agent. I a	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE	E: Registered A	ies.	ad when reinstating)	DATE FEICERS AND	DIRECTO		(86)
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14. I hereby certify that the information supplied with this filing does not goalify 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 epipowered 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.

**SIGNATURE** 

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