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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90037 017 \*\*\*150.00

<b>DOCUMENT # J47135</b>	5
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1. Corporation Name

MOLLY FOREMAN & ASSOCIATES, INC.

Principal Place	e of Business	Mailing	Address			1 (00(1))	#11: <b>#12:</b>   # <b>12:</b>	.p. a.u. Biail a		1 TIELL EFECT 1881
P.O. BOX 81-18	107	P.O. BO	X 81-1807							
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US		U\$				- D-4- I	DO NOT WRI		SPACE	
						12/11/198				
2. Principal Pl	lace of Business	2a. Mai	ling Address			4. FEI Number			L A	Applied For
21		26				59-28007	90		<del></del>	Not Applicable
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.			5. Certifcate of	Status Desired			Additional Required
22		27					,			
City & State	e	——————————————————————————————————————	& State				npaign Financing		•	May Be
23		28	****	O=		Trust Fund C				to Fees
Zip	Country	Zip		Country	'		tion owes the curr	ent year int	angible □ Yes	□No
24	25	29	1 A nont	0]		Personal Pro	Address of New F	registered		
	9. Name and Address of Curren	it Registered	Agent	81	Name	tu. Name and /	Address of Now !	giotore		
FOR	EMAN, MOLLY A.									
	N.W. 24TH TERRACE			82		dress (P.O. Box Num	ber is Not Accepta	ible)		+
B <del>OC</del>	A RATON FL 33496			83	_	200 19 CA	V 750V			
				"						
				84	City A	OCA MATON		FL	85 Zip	Code 6
	to the provisions of Sections 607.050	2 and 607 1	Ene Florido Statutos	the about			statement for the			ts registered
11. Pursuant	egistered agent or both in the State.	of Florida, S	uch change was auti	nonzed by	the corpora	ation's board of directo	ors. I hereby accer	t the appoi	ntment as i	egistered
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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

6.4 CITY-ST-ZIP

**SIGNATURE:**