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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J52435

CROLAND & CO., INC.

FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90012 003 ***150.00



	of Business	Mailing Address					
% SAMUEL A. C	CROLAND	% SAMUEL A. CROLAND					
5686 WILLOW CREEK LANE		5686 WILLOW CREEK LANE		DO NOT WRITE IN THIS SPACE			
DELRAY BEACH FL 33484		DELRAY BEACH FL 33484					
US					3. Date Incorporated or Qualifed	4	İ
					01/15/1987	Applied For	\dashv
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	Η.
21		26			13-5563505	Not Applicable	-
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional	-
22		27				Fee Required	4
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees	_
Zip	Country	Zip	Count	try	8. This corporation owes the current year		1
24	25	29 3	30		Personal Property Tax.	☐ Yes ☐ No	
5 1	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	ed Agent	_
			8	Name		•	
CRO	LAND, SAMUEL A.		-	O Cinn at A de	dress (P.O. Box Number is Not Acceptable)	 -	\dashv
5686 WILLOW CREEK LANE		82 Street Add		Idress (P.O. Box Number is Not Acceptable)			
DELRAY BEACH FL 33484		83		83	· · · · · · · · · · · · · · · · · · ·	4.进行基础的基础的	:
DELI	or percure contra			·			
			1	84 City	The second secon	85 Zip Code	1
					tion authorite this statement for the nurses	of changing its registered	-
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes of Florida, Such change was aut	s, the abo thorized l	by the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as registered	
agent l'a	m familiar with, and accept the obliga	tions of, Section 607 505, Florid	da Statut	es.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	11 1000	
SIGNATURE	we was N you	aux XIIcu	1			10/1/11	
SIGNATORE /	signature, typed or printer name of registered age			gent signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIDECTORS IN 12	-
12. //	OFFICERS AN	ID DIRECTORS	13.			Change Addit	on
TITLE	D	☐ DELETE	1.1 TITL				
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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 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 is execute this senort as required by Chapter 607. Florida Statutes; and that my name appears in

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 27, 1999 561-495-46-46

Date Phone #

CR2F034 (11/9