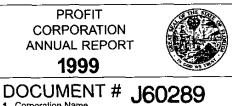
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

MCNAMARA & ASSOCIATES, P.A.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90082 018 ***150.00

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							110 (011 4 111 01	811 01 0 11 01811 1	
Principal Place	of Business	Mailing Address							
6950 CENTRAL	AVENUE	6950 CENTRAL AVENUE							
SUITE 140 SUITE 140		••••			- 1	DO NOT WRITE IN THIS SPACE			
ST PETERSBUR	G FL 33707	ST PETERSBURG FL 33707 US				3. Date Incorporated or Qualifed			
US		03				03/02/1987			Ì
L		Co. Marilian Address				4. FEI Number		TIAn	plied For
-	ace of Business	2a. Mailing Address						<u> </u>	
21	· · · · · · · · · · · · · · · · · · ·	26				<u>59-2758919</u>			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27							
City & State	•	City & State			İ	6. Election Campaign Financing		\$5.00	May Be to Fees
23		28	Countr			Trust Fund Contribution			10 , ees
Zip	Country	Zip	_ '	y	}	8. This corporation owes the curr	ent year into	angible Yes	√ZNo
24	25	29 30	<u> </u>			Personal Property Tax. 10. Name and Address of New !	Pagistered		A
	9. Name and Address of Current	Registered Agent	81	Name				-gent	
MCN	AMARA, TERRANCE PATRICK)"	7	TERRI	ANCE P. MINAMARA	, 63Q.		
	CENTRAL AVENUE		82	Street	t Addres	s (P.O. Box Number is Not Accept	able)		
	E 140				<u>v</u>	ULF BLUD., SVITE	<u> </u>		
	ETERSBURG FL 33707		83	'					
31 5	ETENOBUNG FL 33/0/		84	City				85 Zip	Code
	_			57.	PET	e Beach	<u>FL</u>		706
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named	d corpora	ation submits this statement for the	purpose of of the appoin	changing its ntment as re	registered (
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statute	, tile corp S.	poration	s board of directors. Thereby does			3.2.0.2.2
SIGNATURE	Ten	L1.					4/30/	99	
SIGNATORE	Signature, typed or printed name of registered agent		gistered Age	nt signature	e required w	hen reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PST	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	MCNAMARA, JOSEPH, J		1.2 NAME						
STREET ADDRESS	6950 CENTRAL AVE, STE 140		1.3 STREE	T ADDRESS	s				j
CITY-ST-ZIP	ST PETERSBURG FL 33707		1.4 CITY-1	ST-ZIP	·				
TITLE	V	☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME	TERRANCE P. MCNAMARA		2.2 NAME						, [
STREET ADDRESS	6950 CENTRAL AVE, STE 140		2.3 STREE	T ADDRESS	s				-
CITY-SY-ZIP	ST. PETERSBURG FL 33707		2. 4 CITY-	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE		T .			Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS	•		6	T ADDRESS	s				Ì
			3.4. CITY-						
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		+			Change	Addition
1 1			4. 2 NAME		1			=	}
NAME	•			T ADDRESS					
STREET ADDRESS		•			٦'				Ţ
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		+			Change	Addition
TITLE		ا محدد	5.1 TITLE:					······	
NAME			I						
STREET ADDRESS				ET ADDRESS	٦				
CITY-ST-ZIP			5.4 CITY- 6.1 TITLE	31-411	-1			☐ Change	Addition
TITLE		☐ DELETE	ł.					☐ cuande	(*************************************
NAME			6.2 NAME		_ [
STREET ADDRESS			2	ET ADORESS	s				
			64 CITY-	ST-7IP	1				

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 affactment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #

CR2E034 (11/98)

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