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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J76670** 1. Corporation Name

Principal Place of Business

201 SW PORT ST LUCIE BLVD

FIRST AMERICAN CENTRE, INC.

206 PORT ST LUCIE FL 34984		SUITE 206 PORT ST LUCIE FL 34952			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
		- A 111			4. FEI Number		Apr	lied For
Principal Place of Busin	··· }—	2a. Mailing Address			52-1520128		<u> </u>	Applicable
1 '	2						\$8.75 A	dditional
Suite, Apt. #, etc.	· \	Suite, Apt. #, etc.			5. Certifcate of Status Desired	١ . □.	Fee Re	quired
2	2	City & State		 	6. Election Campaign Financir	ng	\$5.00	May Be
City & State		¬ ´			Trust Fund Contribution	.a 🗆	Added to	
<u> 3</u>	2	8 Zip	Count	rv ,	8. This corporation owes the c	urrent vear Inta	angible	
_ Zip _	Country	¬ '	30	• •	Personal Property Tax.		⊈ Yes	□No _
		9 Agest	301		10. Name and Address of Ne	w Registered A	Agent	
9. Name	and Address of Current Re	gistered Agent	- 8	1 Name				
PARUPIA, ARIF					- No. A			
599 NW SHARF	E CT		8	Street Addr	ess (P.O. Box Number is Not Acce	eptable)		
		•	-	3		4.6.4	TI Said Sign	引制 张
PORT ST LUCI	: FL 34903		`	"		्रां स्थितिहास		(0) 3150 (81)
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	·	<u> </u>	ļ_	<u> </u>	tion as benito this statement for	the numose of	changing its	registered
11. Pursuant to the provis	ions of Sections 607.0502 an	d 607.1508, Florida Statut	es, the about the contract of	ove-named corp ov the comoration	poration submits this statement for on's board of directors. I hereby ac	ccept the appoir	ntment as re	gistered
office or registered ag	ent, or both, in the State of Fi th, and accept the obligations	of Section 607.0505, Flo	rida Statut	es.				,
SIGNATURE						DATE		·
SIGNATURE	or printed name of registered agent and	title if applicable. (NOTE		gent signature require	ADDITIONS/CHANGES TO		ID DIRECTO	RS IN 12
	OFFICERS AND D		13.		ADDITIONS/CHANGES TO	OFFICERS A		Additio
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