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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # K28709



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris Secretary of State

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90075 039 ***150.00

| 4 , 101, 11 | AMEL AND ASSOCIATES, I | NC. | | | ٠ | | | | |
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| Principal Place | of Business | Mailing Address | | | | - I TRANSCIT DIE CIRELIARIS FÈRTI | Batisa nein arait a | IEBER WINNI BLUIF W | 1011 91011 1001 |
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| 2150 BEN FRANKLIN DR 101 BEN FRANKLIN DR SARASOTA FL 34236 STE 10-S | | | | | | | | | |
| US | | SARASOTA FL 34236 | | | DO NOT W | RITE IN THIS | SPACE | | |
| • | | US | • | | | 3. Date Incorporated or Qualife | d " ′ | | ì |
| | | | | | | 07/11/1988 | | | . |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | Apr | olied For |
| 21 | | 26 | | | | 65-0063626 | | Not | Applicable |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | * | | | \ | | \$8.75 A | dditional |
| 22 | V L factories | 27 | _ | | | 5. Certifcate of Status Desired | | Fee Red | quired |
| City & State | | City & State | | | | 6. Election Campaign Financin | | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | - - | Added to | |
| Zíp | Country | Zip | Cour | ntrv | | 8. This corporation owes the co | rrent vear Int | angible | |
| | 25 | ├ ¬ ` | 30 | , | | Personal Property Tax. | | | ⊠ No Ì |
| 24 | 9. Name and Address of Curre | nt Registered Agent | 1901 | | | 10. Name and Address of Nev | Registered | Agent | |
| | 5. Name and Address of Curre | in isabioteien Wheiir | | 81 N | lame | | | | |
| НАМ | IFI JACK | | | | | | | | |
| HAMEL, JACK 101 BEN FRANKLIN DRIVE | | | | 82 Street Addr | | ess (P.O. Box Number is Not Acce | otable) | | |
| | | | - | | | | <u> </u> | | |
| | #10-S | | | B3 | | | | | ì |
| SAH | ASOTA FL 34236 | | | 84 C | ity | | | 85 Zip C | Code |
| | to the provisions of Sections 607.05 | | | | , | | FL | • | |
| agent. I ai | to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obligations. | ations of, Section 607.0505, FI | lorida Statu | ites. | ou.po.doo. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | • | |
| SIGNATURE | Olevitaria de la compansa de confessione de confess | got and title if applicable (NOT | TE: Revistered | Agent sig | nature recured | when reinstating) | DATE | | |
| | Signature, typed or printed name of registered age | | | Agent sig | nature required | when reinstating) ADDITIONS/CHANGES TO 0 | | ND DIRECTO | RS IN 12 |
| 12. | OFFICERS AI | ND DIRECTORS | 13. | | nature required | when reinstating) ADDITIONS/CHANGES TO (| | ND DIRECTO | RS IN 12 |
| 12. TITLE | OFFICERS AI | | 13. | LE | nature required | | | | |
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| 12. | OFFICERS AID HAMEL, JACK S 101 BEN FRANKLIN DR., #10 | ND DIRECTORS DELETE | 13. 1.1 TT 1.2 NA 1.3 ST | LE WIE REET AD | DRESS | | | | |
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this fing 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 of 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 for on an attachment with an address, with all other like empowered.

INJack Hamel

SIGNATURE: