## 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

## **DOCUMENT # K73724**

1. Corporation Name

CRAIG R. DEARR, P.A.

## FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90080 045 \*\*\*150.00



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Principal Place		Mailing Address							
% CRAIG R. DE		% Craig R. Dearr _6950 N. Kendall-Drive				·			
SOSO N. KENDALL DRIVE SOSO N. KENDALL DRIVE MIAMI FL 33156 MIAMI FL 33156					DO NOT WRITE IN THIS SPACE				
US US					3. Date Incorporated or Qualifed				
					03/20/				ļ
2. Principal Pl	lace of Business	2a. Mailing Address	<del>.</del>		4. FEI Numb	ber		A	Applied For
21 9130 S. Dadeland Blud. 26 9130 S. On			dolar	nd Blu	d 65 <del>-</del> 011	2158	•	1	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				<del>y =</del>		of Status Desired	- 🗀 -	\$8.75	Additional
22 Suite 1609 27 Svite 1609					5. Certificate	or Status Desired	<u></u>	Fee F	Required
City & State C/ City & State					6. Election Campaign Financing \$5.00 May Be				
23 /101	mi PC	28 Mismi PC			Trust Fun	nd Contribution		Added	to Fees
Zip	Country	Zip	Country			oration owes the cur	rent year int		No
24 33156	765 / 25 <b>V</b> .S.	29 33/56-785   30	<u> </u>	<u>. ک</u>		Property Tax.	Danistavad	☐ Yes	No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name an	d Address of New	Kegisterea	Agent	
DEA	RR, CRAIG R.		"	IVallio					
	N. KENDALL DRIVE		82	Street Add	iress (P.O. Box N	umber is Not Accept	able)		
	WI FL 33156		83	4120	S. //a	deland K	ING		
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ŗ			84	City M		<del></del>	FL		Code
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office or re	egistered agent, or both, in the State (	of Florida, Such change was auth	orized by	the corporati	tion's board of dire	ectors. I hereby acce	pt the appoi	ntment as	registered
agent. I a	m familiar with, and/accept the obligat	tions of, Section 607.0505, Florida	Statutes	i.	·	•	1-169		
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14. I hereby certify that the information supplied with this filling 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, et on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/5/89

Daytime Phone #