PROFIT CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L05684

	RAND-SIMS	, Albergo & /	ASSOC	. INC.									
Principal Place	e of Business		м	ailing Address				1   1   1   1   1   1   1   1   1   1	Bedt Arred Atlan 1849 At	iët atan er	Alt Mines dente mei	Pir arris 1981	
541 VENTRIS CT								DO NOT WRITE IN THIS SPACE					
								3. Date Incorporate 08/01/1989	d or Qualifed				
								4. FEI Number			1 1 400	lled For	1
2. Principal Pi	tace of Busine	SS .	2a, 26	, Mailing Address				59-2959326			<u> </u>	Applicable	1
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Stat	tus Dasired [	3	\$8.75 Ac		
City & State				City & State				6. Election Campai	on Financing _		\$5.00 N	илу Ве	1
23				78				Trust Fund Cont			Added to	Fees	
Zlp Country				Zip Country				8. This corporation	owes the current	year Inta			1
24		5	29	30			ه شسخه	Personal Proper	ty Tax.	<del>۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔</del>	Yes	ONo	
= 11		nd Address of Curn	ent Regis	tered Agent			10. Name and Address of New Registered Agent				Agent		4
						81 Name							Ī
	iebrand, Pi				F	82 Street	Addres	ss (P.O. Box Number	e Not Acceptable	<u> </u>	·		1
1	ventris ct				1	20.691	A0015	ss (F.C. Dux Hairibor	.5 1451 7 000 picono	, 			]
MAIT	rland FL 32	751			Ī	83							
						84 City				<u>·</u>	85 Zip C	ode	1
}					ì	1 7				<u>FL</u>	11	•	1
11, Pursuant office or n agent. I a	to the provision registered ager im familiar with	ns of Sections 607.05 at, or both, in the Stat , and accept the oblig	502 and 6 e of Flori gations of	07.1508, Florida Statutes da. Such change was aut , Section 607.0505, Florid	i, the ab horized la Statul	ove-named by the corp tes.	corpor	ration submits this states to board of directors.	tement for the pur I hereby accept th	pose of appoin	changing its r itment as reg	egistered istered	
SIGNATURE		printed name of registered at						when reinstating)		DATE			
	12. OFFICERS AN				13.		· ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN				RS (N 12	] ≊
					_	<u> </u>						Addition	ΙΞ
TILE	D			DELETE	1.1 TTE		ì				TA) Change		
	F	ND. PHILIP B.			1.1 TTTS 1.2 NAA						A) Change		8
TITLE NAME	HILDEBRAN	ND, PHILIP B. RANGE BLOSSOM	TR.		1.2 NAA		27	25 50WLMa	بر المعالمة	71-6	•	_	E034
TITLE NAME STREET ADDRESS	HILDEBRAN 4806 N. OI	RANGE BLOSSOM	TR.		1.2 NAA 1.3 STR	AE .	52	5 20M/W	د المعارية بر المعارية	71-6	3275	}	R2E034
TITLE NAME	HILDEBRAN	RANGE BLOSSOM	TR.		1.2 NAA 1.3 STR	ME EET ADORESS Y-ST-ZIP	l	e Hjand			3727.5 Mg Change	}	CR2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	HILDEBRAI 4806 N. OI ORLANDO D	RANGE BLOSSOM FL	TR.	DELETE	1.2 NAA 1.3 STR 1.4 CIT	ME EET ADORESS Y-ST-ZIP E	l				3727.5 Mg Change	}	CR2E034
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	HILDEBRAI 4806 N. OI ORLANDO D BERRY, ST	RANGE BLOSSOM FL EVEN W.		DELETE	1.2 NAA 1.3 STR 1.4 CITI 2.1 TITI 2.2 NAA	ME EET ADORESS Y-ST-ZIP E	l				3727.5 Mg Change	}	CR2E034
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	HILDEBRAI 4806 N. OF ORLANDO D BERRY, ST 4806 N. OF ORLANDO D ALBERGO,	RANGE BLOSSOM FL EVEN W. RANGE BLOSSOM FL NICHOLAS	TH.	□ DELETE	1.2 NAA 1.3 STR 1.4 CM 2.1 MTL 2.2 NAA 2.3 STR 2.4 CM 3.1 MTL 3.2 NAA	ME EET ADDRESS Y-ST-ZIP E ME ME ME MEST ADDRESS Y-ST-ZIP E	2-	25 SOWL !			3275	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	HILDEBRAI 4806 N. OR ORLANDO D BERRY, ST 4806 N. OI ORLANDO D ALBERGO, 4019 EAST	RANGE BLOSSOM FL EVEN W. RANGE BLOSSOM FL	TH.	□ DELETE	1.2 NAM 1.3 STR 1.4 CIT 2.1 TIT 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	ME EET ADORESS 7- ST-ZIP E ME EEET ADORESS Y- ST-ZIP E	2-	25 SOWL !			3275	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	HILDEBRAI 4806 N. OF ORLANDO D BERRY, ST 4806 N. OF ORLANDO D ALBERGO,	RANGE BLOSSOM FL EVEN W. RANGE BLOSSOM FL NICHOLAS	TH.	□ DELETE	1.2 NAM 1.3 STR 1.4 CIT 2.1 TIT 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	ME EET ADORESS Y-ST-ZIP E ME EET ADORESS Y-ST-ZIP E ME EET ADORESS Y-ST-ZIP	2-	25 SOWL !			3275	Addition	
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CITY-ST-ZIP 14. 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 suppliemental 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 tacever 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 attachment with an address, with all other like empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90063 001 \*\*\*150.00