FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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DOCUN 1. Corporation	MENT # L278	53 (5)						
1 .	& ASSOCIATES, INC.							
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Principal Place of Business		Mailing Address				·= • · · · · · · · · · · · ·	1017 0101 0101	II AIQII DIQII IDDI
% Frank W. Boyle 962 N Beneva RD		% Frank W. Boyle 962 n Beneva RD						
SARASOTA F		SARASOTA FL 34232						
		······································			Date Incorporated or Qualified 11/06/1989	3a. Da	te of Last R 04/10/19	Report 195
2. Principal Pla	ace of Business	2a. Mailing Address			4. FLI Number 59-2976602		├	Applied For
Suite, Apt. 4		26						Not Applicable 5 Additional
22		27			5. Certificate of Status Desired			Required
City & State		City & State			6. Election Campaign Financing		\$5.0)0 May Be
23 Zip	Country	28 Z _{ID}	Country		Trust Fund Contribution	_ <u>U</u>		ed to Fees
24	25	<u></u>	SO COUNTY		8. This corporation has liability for Florida Statutes	r intangible i is Fil No	lax under s	199.032,
	9. Name and Address of Cur				10. Name and Address of New	Registered	Agent	
50.05			81	Name				
	FRANK W.		82	Street Addr	ess (P.O. Box Number is Not Accepta	able)		
962 N BENEVA RD SARASOTA FL 34232			83					
0,4000	THE CHECK		[]		· · · · · · · · · · · · · · · · · · ·			
			84	City		Fl	_	ip Code
11. Pursuant to	the provisions of Sections 607.0	502 and 607,1508, Florida Statutes,	the above n	arned corpor	ration submits this statement for the p rd of directors. Thereby accept the ap	urpose of ch	nanging its r	registered office
familiar with	n, and accept the obligations of S	Section 607.0505, Florida Statutes.	оу ине согрс	rauon's Doai	rd or directors, i hereby accept the ap	onunent a	s registered	a agent. i am
SIGNATURE .	Signature, Typed or printed name of registered a	went and the diamentalists (NOTS E	Double of Annu (d when rerodating	jīķīj.		
12.		AND DIRECTORS	13.	Sylector for the	ADDITIONS/CHANGES TO OF		D DIRECTO	ORS IN 12
TITLE	D DOWLE COANK W				· · · · · · · · · · · · · · · · · · ·		☐ Change	
NAME	Boyle, Frank W. 962 n Beneva RD		1.2 NAME					
STHELT ADDRESS	SARASOTA FL	1.3 STREEL ADDRESS 1.4 CITY - ST- ZIP						
CITY-S1-ZIP TITLE	D			- ZIF			Change	☐ Addition
NAME	BOYLE, EILEEN		2 1 TITLE 2 2 NAME				[] Change	☐ vooino-i
STREET ADDRESS	962 N BENEVA RD		2.3 STREET	ADORESS				
CITY - ST - ZIP	SARASOTA FL		2.4 CITY - ST	- ZIP				
TIFE	-		3 1 TIT, F				☐ Change	Add-tion
NAME CUSEL ADSOLOG			3.2 NAME					
STREET ADDRESS CITY-ST-ZIP			3.3 STREET	- 1				
Title		DELETE	34 CHY-\$1 4-1 11 LF	-71"			[] Change	Addition
NAME			4.2 NAME			•		
STHEET ADDRESS			43 STREET #	ADDRESS				
CITY-ST ZIP			4.4.0 TY - ST	· ZIP	·			
11716		☐ DELFTE	5 1 THE	ļ		l	Change	Addition
NAME.			5.2 NAME					
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CITY - ST - ZIP TITLE		DELETE	5.4 CHY - ST 6.1 THE	- <u>ZfF</u>			Change	Addition
NAME			6.2 NAME			1	□ change	- vonition
STREET ADDRESS			63 STREET A	LDORESS				
CITY PT 74D			0.4000	700				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 enipowered 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.

SIGNATURE:

TRANK W BOYLE, PRESIDENT

SIGNATURE:

13-36-96

141 954-3 366

CR2E034 (12/95)