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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L45963 1. Corporation Name

MICHAEL O. REEDY C.P.A. P.A.

Principal Place	of Business	Mailing Addr	ess				112				_	
305 N PARSONS AVE BRANDON FL 33510 US			305 N PARSONS AVE BRANDON FL 33510					DO NOT WR	ITE IN THIS	SPACE		
03		•					3. Date Incorpor 01/22/199		i	_		
2. Principal Pl	ace of Business	2a. Mailing A	Address				4. FEI Number					ed For
21		26	26				59-298580	<u> </u>			_	Applicable
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addition Fee Required					
City & State		City & St	City & State				6. Election Carr	npaign Financing				ay Be
23		28					Trust Fund C				ed to	Fees
Zip	Country	Zip		Cou	intry		8. This corporat		rrent year Int	angible XYes	г]No
24	25	29		30			Personal Pro		Danistanad			1100
	9. Name and Address of Cur	rrent Registered Age	ent		04		10. Name and A	aaress of New	Registered	Agent		
DEE	DV MICHAEL O				81	Name						
	DY, MICHAEL O.		<u> </u>			Street Addr	ress (P.O. Box Number is Not Acceptable)					
	N PARSONS AVE							1**	 		* 5.4	1. 1110 111
BRA	NDON FL 33510				83					1441		
					84	City				85 2	Zip Co	de
	to the provisions of Sections 607.									<u>- , </u>		7.1
∵ agent. i a	m familiar with, and accept the or	ate of Florida, Such deligations of, Section 6	607.0505, Flo	rida Stat	utes.	ie corporatio	on a board of an oote					
SIGNATURE	m familiar with, and accept the ob-	ate of Florida. Such of soligations of, Section 6 agent and title if applicable.	(NOTE	rida Stat	utes.	ie corporatio	d when reinstating)	CHANGES TO C	DATE	ND DIREC	CTOR	S IN 12
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14. I 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 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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Jan 20, 1999 8:00am

Secretary of State

01-20-1999 90029 039 ***150.00