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PROFIT CORPORATION ANNUAL REPORT

1999

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L51741

JOAN R. STALEY, CPA, P.A.

OFFICERS AND DIRECTORS 13. 12 □ DELETE 1.1 TITLE TITLE 1.2 NAME STALEY, JOAN R. NAME 5886 S.E. RIVERBOAT DR. 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP STUART FL CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 5.1 TITLE TITLE

FILED Mar 02, 1999 8:00 am **Secretary of State**

03-02-1999 90108 050 ***150.00

| JOAN R. | STALEY, CPA, P.A. | | | | | } | | | | | |
|---|---|---------------------------------|---|--|-----------------------------------|--------|---------------------------------------|------------------|---|------------------------------------|--|
| Principal Place | of Business | Mailing Address | | | | 1 | 1 1001(83) 801 03101 (1031 (8011 810) | 11 (184 P181 010 | TIL BERLE RIP | A GIMIT BIGHT SERI | |
| 2920 SW MAPP | RD | 2920 SW MAPP RD. | | | | | | | | | |
| 1100 SOUTH FEDERAL HIGHWAY PALM CITY FL 34990 | | | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| PALM CITY FL 34990 US | | | | | | 2 | Date Incorporated or Qualifed | | | | |
| US | | | | | | 3. | 02/01/1990 | | | | |
| 2 Dringing O | land of Business | 2a. Mailing Address | | | | +4. | 'FEI Number | | - $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ | Applied For | |
| | ace of Business | <u> </u> | | | | | 65-0176454 | | | Not Applicable | |
| Suite, Apt. | # etc | 26 Suite, Apt. #, etc. | _ | | | + | 4 | | \$8.75 | Additional | |
| 2 | m, 000. | 27 | | | | 5. | Certifcate of Status Desired | | Fee | Required | |
| City & State | e | City & State | | | | 6. | Election Campaign Financing | | \$5.0 | May Be | |
| 3 | - | 28 | | | | | Trust Fund Contribution | | Adde | d to Fees | |
| Zip | Country | Zip | Cour | ntry | | 8. | This corporation owes the curre | | | | |
| 4 | 25 | 29 | 30 | | | | Personal Property Tax. | | Yes_ | No | |
| <u> </u> | 9. Name and Address of Curren | nt Registered Agent | | | | 10. | Name and Address of New R | gistered A | igent | | |
| | | | | 81 | Name | | | | | | |
| | LEY, JOAN R. | | Ì | 82 | Street Addre | ess (F | O. Box Number is Not Accepta | ole) | | | |
| | SW MAPP ROAD | | | | | | | | | | |
| Siu | ART FL 34990 | | ĺ | 83 | | | | | | [| |
| | | | | 84 | City | | | FL | 85 Zi | p Code | |
| | to the provisions of Sections 607.050 | 27 and 607 4509 Elected Statute | oc the al | boyo | named corpo | ratio | n submits this statement for the | numose of o | changing | its registered | |
| office or n | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida, Such change was at | utnonzea | I DY I | the corporation | n's b | oard of directors. I hereby accep | the appoin | tment as | registered | |
| SIGNATURE | | | | | | | | DATE | | [| |
| | Signature, typed or printed name of registered age | | : Registered | Agent | t signature required | when | ADDITIONS/CHANGES TO OFF | | D DIREC | TORS IN 12 | |
| 12. | | ND DIRECTORS ☐ DELETE | 1.1 TIT | — | | | ADDITIONOLOUGH ALCOHOLOUGH | | Chang | | |
| TITLE | D CTALEY IOAN D | _ CLEETE | 1.2 NA | | | | | | | | |
| NAME | Staley, Joan R. 5886 S.E. Riverboat Dr. | | | | ADDRESS | | | | | | |
| STREET ADDRESS | | | | TY-ST | | | | | | İ | |
| CITY-ST-ZIP | STUART FL | | 1.4 01 | | -21 | | | | | e Addition | |
| TITLE | | □ D£LETE | 21 113 | | | | | | Chang | 8 □ \u00000011 | |
| NAME | | ☐ DELETE | 2.1 TIT | TLE | | | | | Chang | 8 Nagation | |
| STREET ADDRESS | | ☐ DELETE | 2.2 NA | TLE. | ADDRESS | | | | Chang | a Nagatani | |
| | | ☐ DELETE | 2.2 NA 2.3 ST | TLE AME TREET | ADDRESS | | | | Chang | | |
| | | □ DELETE | 2.2 NA | TLE AME TREET TTY-S | | | | | ☐ Chang | <u> </u> | |
| CITY-ST-ZIP TITLE | | | 2.2 NA 2.3 ST 2.4 C | TLE AME TREET TTLE | | | | | | <u> </u> | |
| TITLE NAME | | | 2.2 NA 2.3 ST 2.4 C 3.1 TII 3.2 NA | TLE AME TREET TTY-S' TLE AME | T-ZIP | | | | | <u> </u> | |
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6.4 CITY-ST-ZIP 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99 56/-221-12-73
Davime Phone #