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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # L60665



DIVISION OF CORPORATIONS

## **FILED** FLORIDA DEPARTMENT OF STATE Jan 26, 1999 8:00am **Katherine Harris Secretary of State** Secretary of State

01-26-1999 90029 002 \*\*\*150.00

	TICE CONSULTANTS, INC.				
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· -	ace of Business	Mailing Address			an asası miğir diğit Biğil biğil (GB)
2180 STATE   Suite 6170	ROAD 434 WEST	2180 STATE ROAD 434 W	EST		•
LONGWOOD FL 32779  LONGWOOD FL 32779  LONGWOOD FL 32779			DO NOT WRITE IN S		
US	F	US		DO NOT WRITE IN TI  3. Date Incorporated or Qualifed	HIS SPACE
}		•		03/22/1990	
2. Principal	Place of Business	2a, Mailing Address		4. FEI Number	
21		26		59-3009315	Applied For
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22	·	27		5. Certifcate of Status Desired	Fee Required
City & St	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Žip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29	30	Personal Property Tax.	□Yes XXNo
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registere	ed Agent
PA	RKER, TRUMAN	•	81 Name		•
PRA\50	5 VIA DELL ORO DR., #101		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
AL1	TAMONTE SPRINGS FL 32714		83	t from the second second second second	र के का रहता. प्रति चौद्येष्ट प्रती हा प्रमाणन होता.
			63		\$P\$\$ \$P\$ \$P\$ \$P\$ [1]
			84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
.11 Pursuan	t to the provisions of Sections 607.05	02 and 607 1508. Florido Statut	the observe was all assets	F	<u> </u>
office or	registered agent, or both, in the State	of Florida. Such change was a	es, the above-named corp uthorized by the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
" agent. I	am familiar with, and accept the oblig	ations of, Section 607.0505, Flor	rida Statutes.	,	
1178		19			,
SIGNATURE	Signature, typed or printed name of registered and				·
1178	Signature, typed or printed name of registered age		Registered Agent signature require		AND DIDECTORS IN AS
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI PSTD	ent and title if applicable. (NOTE:		ADDITIONS/CHANGES TO OFFICERS	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI PSTD PARKER, TRUMAN	ent and title if applicable. (NOTE:  ND DIRECTORS  DELETE	Registered Agent signature require		AND DIRECTORS IN 12  Change Addition
SIGNATURE 12. TITLE	OFFICERS AI  PSTD PARKER, TRUMAN 505 VIA DELL ORO DR., #101	ent and title if applicable. (NOTE:  ND DIRECTORS  DELETE	Registered Agent signature require  13. 1.1 TITLE		
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12. TITLE NAME STREET ADDRESS	OFFICERS AI  PSTD PARKER, TRUMAN 505 VIA DELL ORO DR., #101	ent and title if applicable. (NOTE:  ND DIRECTORS  DELETE	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME		☐ Change ☐ Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AI  PSTD PARKER, TRUMAN 505 VIA DELL ORO DR., #101 ALTAMONTE SPRINGS FL 327	ent and title if applicable. (NOTE:  ND DIRECTORS  DELETE  714	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
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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 appears with all other like empowered.