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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90025 044 ***150.00

DOCUMENT # **L65692**

1. Corporation Name

JUNE F. RUTHERFORD, P.A.

Principal Place	e of Business	Mailing Address							
1532 FUNSTON		1532 FUNSTON ST							
HOLLYWOOD F	L 33020	HOLLYWOOD FL 33020				DO NOT V	VRITE IN THIS	SPACE	
						3. Date Incorporated or Quali		OF ACE	
		•				04/17/1990	160	•	
* D: :	- A Designation	2- Mailing Addross				4. FEI Number		ΙΔD	plied For
_	lace of Business	2a. Mailing Address				65-0186915			t Applicable
21	4	Suite, Apt. #, etc.				00 0 1000 10		\$8.75 A	
Suite, Apt.	#, etc.	— ` ' ' · '				5. Certifcate of Status Desire	d 🗆	Fee Re	
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23 Zin	Country	Zip	Coun	trv		8. This corporation owes the	current year In		
Zip			30	,		Personal Property Tax.	current year in	Yes	IN ₀
24	9. Name and Address of Curre	<u> </u>	30			10. Name and Address of Ne	w Registered		
<u></u>	9. Name and Address of Curre	in Registered Agent	-	31	Name	10. 130110 01.0 7.001000 07750	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>	
RUTI	HERFORD, JUNE F.								
1532 FUNSTON ST			[8	32	Street Addres	ss (P.O. Box Number is Not Acc	eptable)		
	LYWOOD FL 33020		١.	83		<u> </u>	- .		
TIOL	E11100B1E 000E0			53					
	•		Ī	84	City			85 Zip (Code
		00 4 007 4500 Flydda Otal	- 455-			estion submits this statement for	the purpose of	changing its	registered
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State	u2 and 507.1508, Florida Statute e of Florida. Such change was au	s, the about	ove-i by th	named corporation	's board of directors. I hereby a	ccept the appo	intment as re	gistered
agent. I a	m familiar with, and accept the oblig-	ations of, Section 607.0505, Flor	ida Statut	es.	·				
SIGNATURE							DATE		
	Signature, typed or printed name of registered age	ent and title if applicable (NOTE:	Denietared A	gent n	signature required v	when reinstating)	DATE		
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

SIGNATURE