FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

4153 APPALOOSA ROAD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L75632 1. Corporation Name

Principal Place of Business

4153 APPALOOSA ROAD

N.E. FLA.-P.A. SERVICES, INC.

MIDDLEBURG FL 32068 US		MIDDLEBURG FL 32068 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
		2a. Mailing Address		4. FEI Number	Ap	plied For
2. Principal Pla	ce of Business	26. Walling Address		59-3011168	No	t Applicable
21		Suite, Apt. #, etc.			\$8.75	
Suite, Apt. #	, etc.	27		5. Certificate of Status Desired	Fee Re	equired
22		City & State		6. Election Campaign Financing	¬ \$5.00	
City & State		28		Trust Fund Contribution	Added	to Fees
23	Country	Zip	Country	8. This corporation owes the current	year Intangible	ro∕u_
Zip	25	29 30		Personal Property Tax.	Yes	™ No
24	9. Name and Address of Current			10. Name and Address of New Reg	istered Agent	
	3. Namo and Clare		81 Name			
VOGE	L, ALBERT J.		82 Street Addr	ress (P.O. Box Number is Not Acceptable	<u> </u>	
1307 SOMERVILLE ROAD			02 0300773			
	SONVILLE FL 32207		83			
0,1011			DA City		85 Zip	Code
		Britania de Alda de Alda de Alda		March 12 Survey and Assessment	S. FLANSE	
<u> </u>			the above-named core	poration submits this statement for the pu	rpose of changing it	s registered 👯 edistered
11. Pursuant to	egistered agent, or both, in the State	of Florida. Such change was auti	horized by the corporati	poration submits this statement for the purion's board of directors. I hereby accept the	VIV TILATE TESSELIZITA	VOTENA LA LA
agent lan	n familiar with, and accept the obliga	A STATE OF WARREN	""《文化》等[2]《《外》			274 C. W
CICNATURE	Signature, typed or printed name of registered ager	t and title if applicable (NOTE: R	egistered Agent signature require	on's board of directors. I hereby accept the	DATE SAN TO LANGE	4.1 <u>0</u> 3.
SIGNATURE .				ADDITIONIC/CUANCES TO DEEK	TERS AND DIRECT	ORS IN 12 $_$
	Signature, typed or primary name of regions a 3-		13.	ADDITIONS/CHANGES TO OFFIC	SERO ARO BIRES.	ITT Addition
12.	OFFICERS AN	D DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change	Addition
12.	OFFICERS AN	D DIRECTORS		ADDITIONS/CHANGES TO OFFIC	Change	Addition
12. TITLE NAME	OFFICERS AN PD O'BRIEN, DENNIS K.	D DIRECTORS	1,1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change	Addition
12. TITLE NAME STREET ADDRESS	PD O'BRIEN, DENNIS K. 4153 APPALOOSA RD	D DIRECTORS	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFIC	☐ Change	Addition
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FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90138 049 ***150.00