PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L76261

1. Corporation Name

PORT CHARLOTTE-MURDOCK ASSOCIATES, INC.

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Principal Place	e of Business	Mailing	Address				1 19811911 411 1001			21211 21211 2	
1700 TAMIAMI	TRL '	814 SE	46TH LANE								
MURDOCK FL 33948		STE 3					DO NOT MIDITE IN THIS SPACE				
			APE CORAL FL 33904			_	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
	•	U\$ 					05/29/1990	or Qualifed			
2. Principal P	lace of Business	2a. Mai	iling Address			l l	FEI Number			Ap	plied For
21		26					<u>65-0195963</u>				t Applicable
Suite, Apt.	#, etc.	Suit	ite, Apt. #, etc.			5.	Certifcate of Status	s Desired		\$8.75	
22		27								Fee Re	equired ~
City & Stat	te	City	y & State			6.	Election Campaigr	Financing		\$5.00	
23		28					Trust Fund Contrib	oution		Added t	to Fees
Zip	Country	Zip		Country		8.	This corporation of		ent year la		
24	25	29	***	30			Personal Property	~~~~		Yes	□No
	9. Name and Address of Cu	irrent Registered	d Agent			10.	Name and Addre	ss of New I	Registered	d Agent	
רחור	NOON WILLIAM D	<u>, </u>		81	Name			,			
	CKSON, WILLIAM D. SE 46TH LANE	3501 B (5	6	82	Street	Address (P	O. Box Number is	Not Accept	able)		
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CAP	E CORAL FL 33904			83	,	•	و الم		1.17		
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11. Pursuant	to the provinces of Sections 607	1.0502 and 607.1	508, Florida Statut	tes, the above	e-named	corporation	n submits this state	ment for the	purpose o	or changing its	registered
11. Pursuant	to the provisions of Sections 607					corporation oration's bo	n submits this state pard of directors. I h	ment for the ereby acce	purpose o	or changing its pintment as re	registered gistered
office or r agent. I a	to the provinces of Sections 607					corporation oration's bo	n submits this state pard of directors. I b	ment for the nereby acce	purpose o pt the appo	or changing its pintment as re	registered gistered
11. Pursuant	to the provisions of Sections 607	bligations of, Sec	ction 607.0505, Flo	orida Statutes	,	required when re	einstating):		DATE		
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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 certified on the corporation or the certified on the corporation of the corporation or the certified on the corporation of the corpor

6.4 CITY-ST-ZIP

SIGNATURE:

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Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90030 027 ***150.00