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PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **L79452** 1. Corporation Name

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90009 042 ***150.00

Principal Place	& ASSOCIATES, INC.	Mailing Address								
	•	816 N. JEFFERSON AVENUE			}					
816 N. JEFFERSON AVENUE 816 N. JEFFERSON AVENUE CLEARWATER FL 33755 CLEARWATER FL 33755						·	•			
US · US						DO NOT WR		SPACE		1
	-	,		,	1	Date Incorporated or Qualifed				
						06/08/1990				
2. Principal Pl	lace of Business	2a. Mailing Address			, ,	FEI Number			plied For	
21		26				<u>59-3075741</u>			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 A		
22		City & State				Floring Constant			·	
City & State	e	⊢ •			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	•	
23 Zip	Country		Counti	······································	+-	This corporation owes the cur	rent vear Inta			
─ '	25	<u></u>	30	,	0.	Personal Property Tax.	ioni year ma	Yes	№ No	1
24	9, Name and Address of Curren		<u> </u>		10.	Name and Address of New	Registered A	gent	$\overline{}$	1
	S. (value and realists of sales)		8	1 Name						
VANE	DERVORT, MADISON			0 5	ID	O Pay Number is Not Assess	abla)			ł
1002	P DREW ST		8	2 Street Addr	ress (P	O. Box Number is Not Accept	ane)			
CLE/	ARWATER FL 34615		8	3	_					1
						···········		85 Zip (ł
{			8	4 City			. FL	85 Zip (2008	
11, Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statute	s, the abo	ve-named corpo	oration	submits this statement for the	purpose of o	changing its	registered]
			therized b	v the comoratio	an's ha	ard of directors. I hereby acce	ot the appoin	iment as re	gisterea	
office or n agent. I a	to the provisions of Sections 607,050, registered agent, or both, in the State arm familiar with, and accept the obligations.	or Florida, Such change was au tions of, Section 607.0505, Flori	da Statute	es.	0113 00	and of directors. I notedly accept				
agent. I a: SIGNATURE	m familiar with, and accept the obligat	tions of, Section 607.0505, Flon	da Statute	es. 						
agent. I a	m familiar with, and accept the obligation of familiar with a second of familiar with a	nt and title if applicable. (NOTE:	da Statute	ent signature required	en nertw be	ekristating)	DATE			(80)
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agent. I all SIGNATURE 12.	In familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a superior of familiar with a superio	nt and title if applicable. (NOTE: ID DIRECTORS	Registered Ag	ent signature required	en nertw be	ekristating)	DATE	D DIRECTO	PRS IN 12	5
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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 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