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CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L90422

1. Corporation Name

COLE/TACKETT ACCOUNTING, INC.

		,							
Principal Place	e of Business	Mailing Address				}		,, 6,5,, 6,6	
9340 NORTH 56	STH STREET	9340 NORTH 56TH STR	EET						
SUITE 220 SUITE 220			0047	•		DO NOT WRI	TE IN THIS S	PACE	
TEMPLE TERRACE FL 33617 TEMPLE TERRACE FL 3361			3617	/		Date Incorporated or Qualifed			
						08/02/1990			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		. 26				59-3023323			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional
22		27			****	U. Control of Clara Basino		Fee	Required
City & Stat	e	City & State	-	4	٠.	6. Election Campaign Financing	П		0 May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the curr		ngible Yes	□No
24	25	29	30	1		Personal Property Tax.			
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New I	Kegistereu A	gent	
TAC	KETT, PAMELA			"	Name				
	N 56TH ST			82	Street Add	Iress (P.O. Box Number is Not Accept	able)		
STE				83			-		
	PA FL 33617								
ļ.				84	City		FL	85 Zi	p Code
	to the provisions of Sections 607 050	02 and 607 1508 Florida Sta	tutes, the a	bove-	named corp	poration submits this statement for the	purpose of o	hanging	its registered
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida. Such change was	s authorized	d by th	ne corporati	ion's board of directors. I hereby acce	pt tile appoin	imeni as	registered
office or r	egistered agent or both in the State	e of Florida. Such change was ations of, Section 607.0505, I	s authorized Florida Stati	utes.	ne corporati	ed when reinstating)	DATE.		
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AN	e of Florida. Such change was ations of, Section 607.0505, I ant and title if applicable. (NO ND DIRECTORS	s authorized Florida Stati DTE: Registered	d by th utes.	ne corporati	ion's poard of directors. I nereby acce	DATE.	DIREC	TORS IN 12
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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 upplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an attachment with an address, with all other like empowered. I hereby certify that the information indicated on this annual report or s officer or director of the corporation Block 12 or Block 13 if changed,

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS