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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # MACCO

1. Corporation					
COMPET	TITIVE ADVANTAGE CONSU	ULTANTS, INC.			
	•		•		
				{	
Principal Place	e of Business	Mailing Address		·	
C/O JAMES A. ROLLO 4883 PRIMPOSE PATH 4863 PRIMPOSE PATH 4863 PRIMPOSE PATH					
4863 PRIMROSE PATH SARASOTA FL 34242 SARASOTA FL 34242 SARASOTA FL 34242			DO NOT WRITE IN TH	HIS SPACE	
US US			3. Date Incorporated or Qualifed		
				05/12/1988	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0048101	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27		, , , , , , , , , , , , , , , , , , , ,	
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country		Country	This corporation owes the current year	
Zip	25	29 3	<b>–</b> , ·	Personal Property Tax.	☐ res ☐ No
24	9. Name and Address of Curre			10. Name and Address of New Register	ed Agent
	3. 11.		81 Name		
	LO, JAMES A.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
4862 PRIMROSE PATH			olicet Add	1035 (1:0: DOX 110111501 10 1101 1000 10010)	w. espery capture in the contract and th
SAR	ASOTA FL 34242		83	· · · · · · · · · · · · · · · · · · ·	
			84 City	1 20 - 20 Minute 20 1 20 1 20 1 20 1 20 1 20 1 20 1 20	85 Zip Côde
			1 1		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above-named cor	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	e of changing its registered opening as registered
office or r	egistered agent, or both, in the State	- U FIDINGA, SUCH CHANGE WAS AUG	nonzed by the corporat	1011 0 0001 d 01 011 001010 1 1 11010 D ) 000 0 P 1	
ಿ agent. ۱ a	ini taninai with, and accept the congi	ations of, Section 607.0505, Fluid	da Statutes.		
. 4.					
SIGNATURE	Signature, typed or printed name of registered again	ent and title if applicable. (NOTE: R	Registered Agent signature requir	ed when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	Registered Agent signature requir	ed when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS	
SIGNATURE  12. TITLE	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. (NOTE: R	Registered Agent signature requir	ed when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS A PD ROLLO, JAMES A.	ent and title if applicable. (NOTE: R	Registered Agent signature required 13.	ed when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
SIGNATURE  12. TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PD ROLLO, JAMES A. 4863 PRIMROSE PATH	ent and title if applicable. (NOTE: R	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
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6.4 CITY-ST-ZIP

SIGNATURE:

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 appress, with all other like empowered.

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

02-10-1999 90003 023 \*\*\*150.00