

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90105 001 ***150.00

DOCUMENT # M89510

1. Corporation Name

A.R. TATE & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

% ALLAN R. TATE
1130 N.E. 100 ST.
MIAMI SHORES FL 33138

% ALLAN R. TATE
1130 N.E. 100 ST.
MIAMI SHORES FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1988

4. FEI Number

65-0062936

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes ☒ No ☐

2. Principal Place of Business

21 1655 N.E. 115 ST.

Suite, Apt. #, etc.

22 # 37-B

City & State

23 MIAMI, FL.

Zip

24 33181

Country

25 MIAMI-DADE

2a. Mailing Address

26 1655 N.E. 115 ST.

Suite, Apt. #, etc.

27 # 37-B

City & State

28 MIAMI, FL.

Zip

29 33181

Country

30 MIAMI-DADE

9. Name and Address of Current Registered Agent

TATE, ALLAN R.
1130 N.E. 100 ST.
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name TATE, ALLAN R.

82 Street Address (P.O. Box Number is Not Acceptable)
1655 N.E. 115 ST.

83 # 37-B

84 City MIAMI

FL

85 Zip Code 33181

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Allan R. Tate, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME TATE, ALLAN R.
STREET ADDRESS 1130 N.E. 100TH ST.
CITY-ST-ZIP MIAMI SHORES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME TATE, ALLAN R.
1.3 STREET ADDRESS 1655 N.E. 115 ST. # 37-B
1.4 CITY-ST-ZIP MIAMI, FL. 33181

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99 305899-9904
Date Daytime Phone #

CR2E034 (1/198)