


FILE NOW: FILING FEE IS \$61.25

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90111 028 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002383

1. Corporation Name

CPA SOLE PRACTITIONERS, INC.

Principal Place of Business

31 WALTER MARTIN RD
FT. WALTON BCH FL 32548
US

Mailing Address

31 WALTER MARTIN RD
FT. WALTON BCH FL 32548
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/24/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3183991	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

WELCH, PAUL
31 WALTER MARTIN RD
FT. WALTON BCH FL 32548

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NONE) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	
NAME	SMYTH, SANYA A	1.2 NAME	
STREET ADDRESS	83 W. JOHN SIMS PKWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALPARAISO FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	Treasurer/Director
NAME	HAYNES, JOHN	2.2 NAME	
STREET ADDRESS	90 NW BEAL PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL 32548	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	BORAH, BEVERLY	3.2 NAME	
STREET ADDRESS	1234 AIRPORT RD., STE. 104	3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	President/Director
NAME	WELCH, PAUL	4.2 NAME	
STREET ADDRESS	31 WALTER MARTIN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Secretary/Director
NAME		5.2 NAME	Gary L. Lamalie
STREET ADDRESS		5.3 STREET ADDRESS	430 Bryn Athyn Blvd
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Mary Esther, Florida 32569
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: Paul Welch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

(850) 244-2731

Daytime Phone #

CR2E037 (11/98)