

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

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

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2. Principal Place of Business

21

2a. Mailing Address

26

Suite, A.pt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

29

Zip

Country

30

3. Date Incorporated or Qualified

05/24/1993

4. FEI Number

59-3183991

Applied For

No Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

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.

(Note: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

(850) 244-2731

Daytime Phone #

CR2E037 (11198)