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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P03036

1. Corporation Name

DANIEL P. COFFEY & ASSOCIATES, LTD., INC.

WAIPE 1.,	COFFEY & ASSOCIATES), L1U-, INU-						
cipal Place of	Rusiness	Mailing Address						
		233 S WACKER DR						
is s wacker dr Lite 5750		SUITE 5750			DO NOT WRITE IN THIS SPACE			
AGO IL 60606		CHICAGO IL 60606			3. Date Incorporated or Qu	µalifed		Ì
		บร			08/14/1984	` <u>`</u>		lied For
		2a. Mailing Address			4. FEI Number			Applicable
Principal Place	e of Business	├ ─┐			36-3284373		\$8.75 A	
		26 Suite, Apt. #, etc.			5. Certificate of Status De	sired 🗆	Fee Re	guired -
Suite, Apt. #,	etc.	<u> </u>			`		\$5.00	
		City & State			6. Election Campaign Fin	ancing	Added t	
City & State		28			Trust Fund Contribution	1		
	- Country	Zip	Cou	ntry	8. This corporation owes	the current year i	∏ Yes	⊠No
Zip	Country	29	30		Personal Property Tax 10. Name and Address of	f New Registers	d Agent	
	9. Name and Address of Curr				10. Name and Address of	il item itegie		
	9. Name and Address of Curr	<u> </u>		81 Name				
IRWIN,	IAN			82 Street Add	ress (P.O. Box Number is Not	Acceptable)		
OF CE	COND ST NO.							: .
STE 2				83				
OT DE	ETERSBURG FL 33701			84 City			85 Zip	Code
31. FC	the provisions of Sections 607.0 gistered agent, or both, in the Sting familiar with, and accept the ob			84 City		<u>_</u>	-f -banging its	registered
ayent. Fan	,			ed Agent signature requir		DATE		_
agent. Fan	Steed or printed name of registered	agent and title if applicable.	NOTE: Registere	ed Agent signature requir		DATE	AND DIRECT	ORS IN 12
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indicated on this annual report or supplied with this inling does not qualify for the exemption stated in Section 119.0/(3)(i). Florida Statutes. I further certify that the informatic 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 1 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:

FILED

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90123 001 ***150.00