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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P04404

1. Corporation Name

	INCOCK HEALTY EQUITIES:	, 1140.			•				
Principal Place	of Business	Mailing Address				i seminime tie main dient mint	. ==!!! =!6! =!\$!!	****** ***** ***** ***	
200 BERKELEY S P O BOX 111 BOSTON MA 02	ST	PO BOX 111 P O BOX 111 BOSTON MA 02117					VRITE IN THI	S SPACE	· .·
US		US				3. Date Incorporated or Qualit	ed		
						12/18/1984		T App	olied For
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applicable	
21		26 Suite Ant # oto			04-2765840	·-·	\$8.75 A		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	, \Box	Fee Red		
22 City & State		27 City & State			6. Election Campaign Financi	na	\$5.00	Mav Be	
City & State	=	28			Trust Fund Contribution	'' ⁹ 🗆	Added to		
Zip	Country	Zip	Со	untry		8. This corporation owes the	current year I	ntangible	
24	25	29	30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of Ne	w Registere	d Agent	
				81	Name				,
	CORPORATION SYSTEM			82	Street Add	fress (P.O. Box Number is Not Acc	eptable)		
	SOUTH PINE ISLAND RD.							5 9 1	. <u> </u>
PLAN	NTATION FL 33324			83				医髓线	
				84	City	The state of the s		85 Zip C	ode
				لـــلِــ		the this statement for	the purpose.	of changing its	registered
11. Pursuant	to the provisions of Sections 607.050; egistered agent, or both, in the State	2 and 607.1508, Florida Statu	tes, the authorize	above ed by	e-named cor the corporat	poration submits this statement for tion's board of directors. I hereby a	ccept the app	ointment as reg	gistered
agent. I a	egistered agent, or both, in the State t m familiar with, and accept the obligat	tions of, Section 607.0505, Flo	orida Sta	atutes.					
SIGNATURE									
		NOT!	F F		A sianatura month	red when relectation\	DATE		
	Signature, typed or printed name of registered agen				t signature requi	red when reinstating) ADDITIONS/CHANGES TO	OFFICERS A	AND DIRECTO	RS IN 12
12.	OFFICERS AN	D DIRECTORS	13	3.	t signature requi	red when reinstating) ADDITIONS/CHANGES TO	and the second second	AND DIRECTO	RS IN 12
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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:

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90013 027 ***150.00