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MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

FILED Feb 04, 1999 8:00am **Secretary of State**

02-04-1999 90012 032 ***150.00

SOUTH C	COUNTY ASSOCIATES, INC	ORPORATED				
Principal Place	of Business	Mailing Address				
314 SOUTH COL PALM BEACH FL		314 SOUTH COUNTY ROAD PALM BEACH FL 33480	0		DO NOT WRITE IN THIS SPACE	
٠.	•				3. Date Incorporated or Qualifed	-
		,			01/24/1991	
	- C Browless	2a, Mailing Address			4. FEI Number	Applied For
<u> </u>	ace of Business	26			01-0461233	Not Applicable
21 Suite, Apt. #	# oto	Suite, Apt. #, etc.			\$8.7	5 Additional
一 . ' '	, 610.	27			5. Certificate of Status Desired Fee	Required
22 City & State	•	City & State		1,		00 May Be
23		28			Trust Fund Contribution Adde	ed to Fees
Zip	Country	Zip	Cour	itry	8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax. Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered Agent	
	Service and the service of the servi	•		81 Name		
	A, CYNTHIA M C BRAZILIAN AVE	ament of the		82 Street A	Address (P.O. Box Number is Not Acceptable)	
PALN	A BEACH FL 33480	·	Ì	83		
			ļ	84 City	FI	ip Code
agent. I a	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obligat	MOUS OF Section 007.0300, Fix	orida Ottore		corporation submits this statement for the purpose of changing oration's board of directors. I hereby accept the appointment as	s registered
agent. I at	M familiar with, and accept the obligation of special states agent the	nt and title if applicable. (NOTE	E: Registered	Agent signature re	equired when reinstating) (15-74 DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AN	CTORS IN 12
agent. I at	M familiar with, and accept the obligation of special states agent the	nt and title if applicable. (NOTE	E: Registered	Agent signature re	equired when reinstating) (12-72 DATE	CTORS 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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE