## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000013746

TRADING ASSISTANCE, INC.

Principal	Place	of	Business	

Mailing Address

## FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90006 025 \*\*\*150.00



1 SAN JOSE PI SUITE #14B JACKSONVILLE  2. Principal PI 21 ONE Suite, Apt. 22 City & State 23 SACK		Suite, Apt. #, etc. 27 ## 7 City & State 28 ## KSON WCC	SEPLACE	Certifcate of Status Desired      Election Campaign Financing     Trust Fund Contribution	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees			
24 ZZZ	Country 25	Zip 29 32 25 30 C	·	This corporation owes the current year     Personal Property Tax.	Yes No			
<u></u>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent			
OMESA Suit	NEY, GEORGE F IN JOSE PLACE E #14B 17 (SONVILLE FL 32257		81 Name  82 Street Addre  83   84 City	ess (P.O. Box Number is Not Acceptable)	L 85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.  SIGNATURE  Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent synature required when reinstating)  DATE								
12.	OFFICERS AND	DIRECTORS 1	3.	ADDITIONS/CHANGES TO OFFICERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEANEY, GEORGE F 2741 CLAIRE LANE JACKSONVILLE FL 32223		I TITLE  R NAME  S STREET ADDRESS  I CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			I TITLE  NAME  STREET ADDRESS  4 CITY-ST-ZIP		☐ Change ☐ Addition ☐			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		3.2 3.3	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		Change Addition -			
TITLE NAME STREET ADDRESS		 4.	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		☐ Change ☐ Addition			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE 5.4 5.3	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		Change Addition			
TITLE NAME STREET ADDRESS		6.3	1 TITLE 2 NAME 3 STREET ADDRESS		☐ Change ☐ Addition			

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: