Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90129 046 ***150.00

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 # P93000002690

1. Corporation Name

WHITELOCK & ASSOCIATES PA

WITH ELOOK & ACCOUNTED, THE				
Principal Place of Business	Mailing Address		1 (551)551 116 1510 51111 55111 55111	
STO NE FOURTH ST	-316 NE TOURTH-ST			
ELAUDERDALE EL-33301	TT-DIUDERDALE PL 3330		DO NOT WORKS IN THE	1 0D40E
300 S.F. 13 STREET	300 S.E.	. 13 STEELT	DO NOT WRITE IN THIS	SPACE
		D. Fl. 33316 -	3. Date Incorporated or Qualifed	
FT. Laud. Fl. 33316-1924		1924	01/11/1993	Applied For
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0378178	Not Applicable \$8.75 Additional.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	مستسب سرابد	5." Certifcate of Status Desired "	Fee Required
22 \	City & State		6. Clastic Oceanies Singuistic	
City & State	⊢ '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	This corporation owes the current year Inc.	
	29	30	Personal Property Tax.	Yes \QNo
24 25 9. Name and Address of Current	1=-1	130	10. Name and Address of New Registered	
5. Name and Address of Current	Trogistered Ager	81 Name		
WHITELOCK, ESQ. C				
300 S.E. 13 ST. 82 Street Address (P.O			ess (P.O. Box Number is Not Acceptable)	
	Laud. Fl.	83		
	3316-1924			
ت	אא הולכנ	84 City	FL	85 Zip Code
44. 5	and 607 4500 Florido Statu	too the above named corn		f changing its registered
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 obligati	ions of, Section 607.0505, Flo	orida Statutes.		
SIGNATURE		E: Registered Agent signature required	f when reinstating) DATE	
Signature, typed or printed name of registered agent 12. OFFICERS ANI		E: Registered Agent signature required	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
12. OFFICERS AND	DELETE	1.1 TITLE	ADDITIONO/OF/ARTOLO TO OFF TOLERON	☐ Change ☐ Addition
MUSTEL GOV. GLIADLEG T		1.2 NAME		
	00 SE 13 ST.	1.3 STREET ADDRESS		
SIREEI ADDRESS	· .	_1 7		{ }
100	<u> </u>	2.1 TITLE		Change Addition
1	C better	1		
NAME -WHITELOCK, CHRISTOPHER	0 S.F. 13 ST.	2.2 NAME		
STREET ADDRESS . COLD STREET		2.3 STREET ADDRESS	مچ الفريدي ميداد د په ميوندوني ايا د په	range en la grand
	r. Laud. F.J. 3331/ ☐ DELETE	*		☐ Change ☐ Addition
TITLE		3.1 TITLE		
NAME .		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP '	C Delete	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE .	, DELETE	4.1 TITLE		☐ Cilarige ☐ Addition
NAME	,	4, 2 NAME		1
STREET ADDRESS		4.3 STREET ADDRESS	•	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<u>,</u>	
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS	·	
CITY-ST-ZIP		5.4 CITY-\$T-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		

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 it changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP