## 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 # P93000008586 1. Corporation Name

Principal Place of Business	Mailing Address	
124 N SWINTON AVE DELRAY BEACH FL 33444 US	124 N SWINTON AVE DELRAY BEACH FL 33444 US	
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FILED Apr 23, 1999 8:00 am Secretary of State

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	S ATTIC, INC.				
Principal Place	of Business	Mailing Address		-{	00 6;  0 0   0 18;  0 10  0 1  09
•		124 N SWINTON AVE			
124 N SWINTON AVE DELRAY BEACH FL 33444 DELRAY BEACH FL 33444					
US US			DO NOT WRITE IN THIS	S SPACE	
				3. Date incorporated or Qualifed	į
				02/03/1993	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0386341	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		i C Et dia Constitut Financia	
<b>⊢</b> ¬ '	<b>9</b> oktober 120 girther of White	<b>⊢</b> ¬ ′		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23   Zip	Country	28	Country	8. This corporation owes the current year In	
24	25	29 3	¬ `	Personal Property Tax.	'EYes □No
24	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Registered	Agent
			81 Name		
DUG	gan, darlene		82) Street Addr	ress (P.O. Box Number is Not Acceptable)	
710	N SWINTON AVENUE		62 Street Addr	ess (F.O. Box Number is Not Acceptable)	
124	n. Swinton avenue		83		
DELL	RAY BEACH FL 33444		24 25		85 Zip Code
			84 City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	f changing its registered
agent. I a	m familiar with, and accept the obligation	itions of, Section 607.0505, Florid	a Statutes.	sit's board of directors. Thoroby decept are app.	, and the second
SIGNATURE	· .	·			<del></del>
	Signature, typed or printed name of registered ager		egistered Agent signature require		ND DIRECTORS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
12.	OFFICERS AN		13.		ND DIRECTORS IN 12 Change Addition
12. TITLE NAME	D DUGGAN, THOMAS, J	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME		
12.  TITLE  NAME  STREET ADDRESS	D DUGGAN, THOMAS J 710 N SWINTON AVENUE	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUGGAN, THOMAS, J 710 N SWINTON AVENUE DELRAY BEACH FL 33444	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filling 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 one an attachment with an address, with all other like empowered.

SIGNATURE: