Apr 19, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000033877

1. Corporation Name

THE WITTER CORPORATION

Principal Place	e of Business	Mailing Address				Ì							
419 CORONADO	O DR	419 CORONADO DR											
CLEARWATER BCH FL 34630 CLEARWATER BCH FL 3463						1		O NOT V	VDITE :	N THIC	SDACE		
US		US				3 Date	Incorporated			IN THIS	SPACE		
٠		A Company	. —	-			11/1993	1 Or Guan					
2. Principal P	lace of Business	2a. Mailing Address				4. FEIN						Applied F	or _
21		26				59-3	3183906					Not Appli	cable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				E Corti	fcate of State	ie Desire	3 [	 7		Addition	Į.
22		27				3. Ceru		13 003110			Fee_	Required	
City & State	e .	City & State				6. Elect	ion Campaig	n Financi	ng .∤¦			<b>0</b> мау В	
23		28					Fund Contr			<u> </u>		d to Fee	
Zip	Country	Zip	00	untry			corporation (		current	year Int	_		ì
24	25	29	30				onal Property				∐Yes	□No	
	9. Name and Address of Curr	ent Registered Agent		1			e and Addr	ess of Ne	w Reg	istered	Agent		
IAC	ODEON DICHARD A			81	Name								1
	obson, richard a e Kennedy BLVD			82	Street	Address (P.O. B	ox Number is	s Not Acc	eptable	·) ·			
				$\sqcup$				<u> </u>					
-	E 1700			83	•								
IAM	PA FL 33602			84	City						85 Z	p Code	
					J.,					FL	. <u> </u>		
	to the provisions of Sections 607.0	E00 607 4500 Florido C	4-4-4 44				nite this state	ement for	the pur	noco of	changing	its registe	
-11 - <u>Pursuant</u>	to the provisions of Sections 607.0	302 and 607, 1308, Fibrida 3	tatutes, the a	pove	named	corporation subr	THIS HIS STALL	harami ar	rent ti	posejoi Innne ar	ntment as	TROISTELL	ered
office or n	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Fioлda. Such change w	as authonze	ed by	tne corp	oration's board o	directors, 1	hereby at	cept ti	ne appoi	ntmentras	registere	ered
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14. I hereby certify that the information exposed 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 of 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 of 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP