Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90046 050 ***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 # **P93000038489**1. Corporation Name

PURCELL	AND ASSOCIATES INCOF	RPORATED						
		Mailing Address				- 3 (40)(42) (18 18:00 (11)) Abits abits abits	11121 16111 61201 12	110 1011 1-1-1
117 FOX PLAN DR #103 MONROEVILLE PA 15146 117 FOX PLAN DR #103 MONROEVILLE PA 15146						DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed			
						05/28/1993	- T Ann	lied For
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applicable
21	26					NOT APPLICABLE	\$8.75 A	dditional
Suite, Apt. #, etc.						5. Certifcate of Status Desired	. Fee Rec	uired
22 27 City & State						6. Election Campaign Financing	\$5.00	
City & State		<u>⊢</u> ¬				Trust Fund Contribution	Added to	Fees
23			Cou	ntry		8. This corporation owes the current year in	ntangible	□No
Zip	Country	29	30			Personal Property Tax.		
24	9. Name and Address of Curre			81		10. Name and Address of New Registered	Agent	
					Name			
CORPORATE CREATIONS ENTERPRISES INC				82 Street Addr		lress (P.O. Box Number is Not Acceptable)	•	ļ
4521	PGA BLVD							
PALM BEACH GARDENS FL 33418				83			Tool Zin (
1				84	City	F	85 Zip (~ \
						poration submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its	registered
11. Pursuant office or reagent. I as	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblic	e of Florida. Such change was a gations of, Section 607.0505, Flo	authorized orida Stat	d by t tutes.	the corporat			.
SIGNATURE	Signature, typed or printed name of registered a	pent and title if applicable. (NOT	E: Registered	d Agen	t signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
12.	D	☐ DELETE	1.1 T	TTLE	Ì			
NAME	PURCELL, JOHN			AME	1			
STREET ADDRESS	117 FOX PLAN RD, 103		1	1.3 STREET ADDRESS				
CITY-ST-ZIP	MONROEVILLE PA 15146			1.4 CITY-ST-ZIP			Change	Addition
TITLE		DELETE		2.1 TITLE				
NAME			- 1	NAME				
STREET ADDRESS			1		T ADDRESS	· -	<u> </u>	
CITY-ST-ZIP				CITY-S	ST-ZIP		Change	☐ Addition
TITLE		☐ DELETE	- 1	NAME				
NAME					T ADDRESS			
STREET ADDRESS	3				ST-ZIP			- Jan 2014
CITY-ST-ZIP		DELETE		TITLE			Change	☐ Addition
TITLE		ال محددات		NAME	1			
NAME					ET ADDRESS			
STREET ADDRESS	S				ST-ZIP		Change	Addition
CITY-ST-ZIP		DELETE		TITLE			Change	، ١٦ موريون
TITLE			5.2	NAME	:			
NAME			5.3	STRE	ET ADDRESS			
STREET ADDRES	SI		5.4	спү-	ST-ZIP		Chang	e
CITY-ST-ZIP		☐ DELETE	6.1	TITLE				
TITLE				2 NAME				
NAME	_		6.3	3 STRE	ET ADDRESS			
STREET ADDRES	38		6.	4 CITY	-ST-ZIP			

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 comporation or the receiver or truetee 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:

INTED NAME OF SIGNING OFFICER OR DIRECTO