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 # **P93000057830**1. Corporation Name SOCIAL SECURITY ADVOCATES, INC.

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90036 013 ***150.00



Principal Place of Business		Mailing Address							
8601 4TH ST N		8601 4TH ST N							
STE 309		STE 309			DO NOT IN	NEE IN THIS C	20405		
ST PETERSBURG FL 33702		ST PETERSBURG FL 33702			DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qualife	G			
					08/18/1993				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		\rightarrow	plied For	
!1		26			59-3203033			t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75		ļ	
2		27		G. Collinguity of Clarke Decision		Fee Re	quired		
City & State	e	City & State		6. Election Campaign Financing	, D	\$5.00	May Be		
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Coun	ntry	8. This corporation owes the cu	irrent year Inta	ngible		ļ
24	25	29 30	o		Personal Property Tax.		⊉ Yes	□No	
341	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered A	gent		
				81 Name				ļ	
MAR	ROIS, CHRISTOPHER P				(D.O. Davidson in New Account	-toblo)			ł
2601 4TH STREET N				82 Street Add	ress (P.O. Box Number is Not Accep	nable)			
	TE 309			83					1
	PETE FL 33702				<u></u>				
0, ,	E12 12 00102			84 City		FL	85 Zip	Code	l
							banging its	rogistered	ł
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligati	if Florida. Such change was auth	norizea	by the corporati	ion's board of directors. I hereby acc	ept the appoin	tment as re	gistered	
SIGNATURE				Agent signature require	dubas solucions)	DATE			_ ا
	Signature, typed or printed name of registered agent		13.	Agent signature require	ADDITIONS/CHANGES TO C		DIRECTO)RS IN 12	g
12.	OFFICERS AND	DELETE DELETE	1.1 TITL	·	ADDITIONS/CITATED TO C	711021107111	Change	Addition	=
TITLE	P	D OFFER	1						
NAME	MAROIS, MICHELLE		1.2 NAM						8
STREET ADDRESS			1.3 STF	REET ADDRESS					6
CITY-ST-ZIP	ST. PETERSBURG FL 33703		1.4 CIT	Y-ST-ZIP				Addition	ļ
TITLE	Į VT						C1 Obsesses		`
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STREET ADDRESS	T MAROIS, CHRISTOPHER	☐ DELETE		1			☐ Change	(
CITY-ST-ZIP		☐ DELETE	2.1 TITE 2.2 NAM	1			Change	(Audison	
	1417 54TH AVE. NE	☐ DELETE	2.1 TITU 2.2 NAM 2.3 STE	ME			Change		
		☐ DELETE	2.1 TITU 2.2 NAM 2.3 STE	ME REET ADDRESS TY-ST-ZIP			☐ Change	Addition	
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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: