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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000016106

IAMES FELTON CO

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90200 008 \*\*\*150.00

JAMES F	FELTON CO.								
Principal Place	e of Business	Mailing Address				1 19611091 film 1871t estati merri desit men	et <b>di</b> tint tene	A Aliai likti	
222 N. K. STREET LAKE WORTH FL 33463-3312		222 N. K STREET LAKE WORTH FL 33463-3312							
						DO NOT WRITE IN	THIS SE	ACE	
						3. Date Incorporated or Qualifed			
					, <del></del>	02/28/1994		T 1.	- U I F 1
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For		
21		Suite Ant # etc			65-0444085		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State	re ·	City & State				6. Election Campaign Financing		\$5.00	- 1
23		28				Trust Fund Contribution		Added	to Fees
Zip ı	Country	Zip	$\overline{}$	ntry		8. This corporation owes the current y		gible ] Yes	1⊠No
24	25	29	30	_		Personal Property Tax.  10. Name and Address of New Regis			42(10
<del></del>	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Negra	itereu Ag	GIIL .	
FEI 1	TON JAMES								
Felton, James 222 n. k street		•		82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	E WORTH FL 33463-3312			83	٠,				
			•	84	City			85 Zip	Code
				Ш			FL.		giota d
	to the provisions of Sections 607.05		tes the a	hove	named com	ioration submits this statement for the purp			
office or n	egistered agent, or both, in the Stal im familiar with, and accept the obli	te of Florida. Such change was a gations of, Section 607.0505, Flo	orida Stati	i by tr utes.	ne corporatio	oration submits this statement for the purp on's board of directors. I hereby accept the	appointn	nent as re	gistered
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 19 1999 5615330580

Dayline Phone #

CR2E034 (11/98)