## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P94000021257	(8)
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WILLIAM A. FLECK, P.A.

Mailing Address Principal Place of Business



14155 US HWY SUITE 205 JUNO BEACH		14155 US HWY. ONE Suite 205 Juno Beach Fl 33408		-	3. Date Incorporated of 03/18/1994	or Qualified	3a. Date of Last R 08/09/19		
2. Principal Plac	ce of Business O	2a. Mailing Address			4. FEI Number	ne / C	0477675	Applied For	
21 6650 1	W. TNDIANTOWN RD	26 6650 W. INDIA	INTOWN K	2d				Additional	
Suite Apt. #,		27 2010. #, etc.		!	<ol><li>Certificate of Status</li></ol>	Desired	1 1 7 7 7 7	Required	
City & State	<u> </u>	City & State			6. Election Campaign	Financing		<b>0</b> May Be	
23 JUPITER FL 28 JUPITER FL					Trust Fund Contribu			d to Fees	
Zip Country Zip Coun			Country USA	] '	<ol><li>This corporation ha Florida Statutes</li></ol>	s liability for i Yes⊓	intangible tax under s No	199.032,	
24 33458	9. Name and Address of Current		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u></u>	0. Name and Addres				
	8. Italio alla Maria		81 Name						
14155 US HWY. ONE				82 Street Address (P.O. Box Number is Not Acceptable) 66 SO W. TNOANTOWN P.D. 83					
	EACH FL 33408			ITE C	200		85 7	ip Code	
			84 City Ja	OPITE	K.			33058 I	
tamiliar wat	o the provisions of Sections 607.0502 ad agent, or both, in the State of Florid and accept the obligations of, Section Supportunity of the State of Provided Paris of Provided Paris of Provided Paris of Programme O	WILLIAM A. FLECK	_		n re-nstating)	4	-26-96 DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHAN	GES TO OFF	ICERS AND DIRECT	ORS IN 12	
TITLE	D	☐ DELETE	1. 1 TITLE				•	Addition	
NAME	FLECK, WILLIAM A		1.2 NAME	164	SO W. INDIA	NTOWN	RO-STE 20	0	
STREET ADDRESS	14155 US HWY. ON STE. 205 JUNO BEACH FL 33408	•	1.3 STREET ADDRESS	Juga	ITER, FL 3	3458			
CHTY-ST-ZIP TITLE	JUNO DENOTTE GOTO	[7] DELETE	2 1 TITLE	QUP.	116-1	<u></u>	☐ Chan je	Addition	
NAME		<del></del>	22 NAME						
STREET ADDRESS			2.3 STREET ADDRESS						
CITY-ST-ZIP			2.4 CITY-ST-ZIP	<u> </u>			Change	☐ Addition	
TATLE		☐ DELETE	3. 1 TITLE			1.	: U Change		
NAME			3.2 NAME						
STREET ADDRESS			3 3 STREET ADDRESS 3 4 CITY - ST - ZIP						
CITY-S1-ZIP		DELETE	4.1 TITLE		<del></del>		Change	Addition	
NAME		_	4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY - ST - ZIP	ļ			C) Oberes	Addition .	
THILE		☐ DELETE	5 1 TITLE				☐ Charge	e 🔲 Addition	
NAME			5 2 NAME						
STREET ADORESS			5 3 STREET ADDRESS						
CITY-SI-ZIP		☐ DELÉTE	5.4 CITY-ST-ZIP 6. 1 TITLE	<del> </del>			Charige	Addition	
TITLE		Last Diction	6.2 NAME	1				-	
NAME CIRCLY ADDRESS			6 3 STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			64 CITY - ST - ZIP	1					
VIII-21-21	1	the state of the state of the second		polific for t	he exemption stated in	Section 119	9 07(3)(k) Florida Stat	tutes. I further	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 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 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 certify that the information indicated on this annual report or supplemental annual report is true and accurate and excurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and excurate and that my signature shall have the same legal effect as if under under certify that the information indicated in 119.07(3)(k). Florida Statutes: I further certify that the information indicated in 119.07(3)(k). Florida Statutes: I further certify that the information indicated in 119.07(3)(k). Florida Statutes: I further certify that the information indicated in 119.07(3)(k). Florida Statutes: I further certify that the information indicated in 119.07(3)(k). Florida Statutes: I further certify that the information indicated in 119.07(3)(k). Florida Statutes: I further certify that the information indicated in 119.07(3)(k). Florida Statutes: I further certify that the information indicated in 119.07(3)(k). Florida Statutes: I further certify that the information indicated in 119