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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P94000025660

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90289 012 ***150.00

JEFF PR	UCE AND ASSO	OCIATES, INC					<u></u>							
Principal Place			Mailing Address											
5215 N VINELAL			5215 N APOPKA VINELAND ROAD					ļ						
ORLANDO FL 32818 US		ORLANDO FL 32818					DO NOT WRITE IN THIS SPACE							
		US					3. Date Incorporated or Qualifed 03/31/1994							
A Bata da 10	lana of Divisionan		2a. Mailing Address					4. FEI N					TA	plied For
	lace of Business		26						31993					ot Applicable
21 Suite, Apt.	# etc		Suite, Apt. #, etc.											Additional
22	, 5.5.		27					5. Certifc	ate of Status	s Desired		•		equired
City & Stat	<u>e</u>		City & State					6. Electic	n Campaign	Financing			\$5.00	May Be
23			28					Trust I	und Contrib	ution			Added	to Fees
Zip	Cour	itry	Zip	Col	ıntry			8. This c	rporation ov	wes the cu	rrent year			
24	25		29	30					al Property				Yes	(Z No
	9. Name and Add	ress of Current	Registered Agent		04			10. Name	and Addres	ss of New	Register	e d Age	nt	
DOU	CE, JEFFREY				81	Name	!							
	S N APOPKA VINEL	AND ROAD			82	Street	Addres	ss (P.O. Box	Number is	Not Accep	table)			
	ANDO FL 32818	AND HOAD												_
On	7400 TE 02010				83									
					84	City				,		EL	5 Zip	Code
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office or r	enistered agent of bo	th in the State o	and 607.1508, Florida Sta	s authorize	d by t	the corr	d corpor	ration submi	s this stater lirectors. I h	ment for th	e nurnose	of cha	nging its ent as re	registered egistered
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14. Thereby 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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed an attact ment with an address, with all other like empowered.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR