## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000031617**1. Corporation Name

Principal Place of Business

ACE AGENCIES, INC.

2615 N. ORANK KISSIMMEE FL US	GE BLOSSOM TR. 34744	2615 N. ORANGE BLOSSOM TR. KISSIMMEE FL 34744 US			DO NOT WRITE IN THIS SPACE					
						1	Date Incorporated or Qualifed 04/27/1994			· ·
2. Principal P	lace of Business	2a. Mailing Addr	ess				El Number			plied For
21		26				. !	<u>59-3232347</u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	, etc.			5. (	Certifcate of Status Desired		\$8.75 / Fee Re	
City & Stat	e	City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
23	Country	Zip		Country			This corporation owes the curr	ent vear Inta		
Zip	r '	<u></u>	30			,	Personal Property Tax.	one your ma	Yes	□No
24	9. Name and Address of Current	t Registered Agent	30	$\neg \neg$			Name and Address of New F	Registered	Agent	
-	9. Name and Address of Current			81	Name			<del></del>		-
MCC	CLOSKEY, ADRIAN	e Car Agento in a						- (- ) - )	<del></del>	
	5 N. ORANGE BLOSSOM TR.			82	Street Addre	ess (P.	O. Box Number is Not Accepta	able)		
	SIMMEE FL 34744	•		83			Can a full state of a	1 1 Ky 1 1 8 8 2	1,51 (34,91)	14 140 181
1							一 自由公司 化二二甲基基	યાં, કાર્યા છે		1 16 14
-				84	City		그의 그녀는 또 되어 됩니다 함께를 기계하는 다.	FL	'	Code
ि office or i	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obligat	2 and 607.1508, Flori of Florida: Such chan tions of, Section 607.	da Statutes, the ige was authori 0505, Florida S	ne above rized by i Statutes.	e-named corpo the corporation	oration in's boa	submits this statement for the ard of directors. I hereby accept	purpose or of the appoir	changing its ntment as re	egistered
SIGNATURE							(	DATE		
0.0	Signature, typed or printed name of registered agen	nt and title if applicable.	(NOTE: Regist	stered Agen	nt signature required				·	
12.	Signature, typed or printed name of registered agen OFFICERS AN	D DIRECTORS		tered Agen	nt signature required		DDITIONS/CHANGES TO OF			
		D DIRECTORS			nt signature required				D DIRECTO	ORS IN 12
12.	OFFICERS AN DCEO MCCLOSKEY, ADRIAN	D DIRECTORS	ELETE 1	13.	nt signature required		DDITIONS/CHANGES TO OF			
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6.2 NAME

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 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.

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90041 018 \*\*\*150.00

200 H GROWN W BLOSSOM IR

NAME STREET ADDRESS