## 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 # **P94000035323**

1. Corporation Name

LANDIS	& BLAKE ASSOCIATES, P.A							
Principal Place	e of Business	Mailing Address		<del></del>		- ( 1 1808 1008 113 1811) OLBU SOLLI ODLII ODLII O	E(38   (190) <b>  \$</b> )  00   (191)	1
366 S.E. 5TH AVENUE 306 S.W. 29TH AVE. DELRAY BEACH FL 33483 DELRAY BEACH FL 33445- US			110			DO NOT WRITE IN THIS SPACE		
	·					3. Date incorporated or Qualifed 05/10/1994		
2. Principal P	ace of Business	2a. Mailing Address	-			4. FEI Number 65-0490789	<del></del> -	pplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	7	Additional equired
City & Stat	8- <del> </del>	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	Zip 29 30	Coul	ntry		This corporation owes the current year     Personal Property Tax.	□Yes	0 <b>/X</b> C]
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registe	red Agent	
			1	81 Name		o Blake		
306	dis, charles e s.w. 29th avenue			82 Street	Addre 3 (	ss (P.O. Box Number is Not Acceptable) 06 S.W. 29th Avenue		
DELF	RAY BEACH FL 33445-4410		Ţ	83		<u> </u>		
	•		ŀ	84 City			85 Zip	Code 445
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,					D			
office or r	to the provisions of Sections 607.0502 egistered agent, or eath, in the State of m familiar with, and accept the obligation	N Florida. Such change was auth	ionzed a Statu	by the corp lites.	orauor	1s board of directors, Thereby accept the a	ppointment as it	egistered
SIGNATURE	Mot	3	Jo	o Blai	ce,	Prosident 03 when reinstating) DATI	/24/99	
42	Signature, typed or protect halps of registered agent OFFICERS AND		13.	Agent signature	required	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECT	ORS IN 12
TITLE	V OI FIGERO AIR	DELETE	1.1 TIT	Œ	D		Change	Addition
NAME	BLAKE, JO		1.2 NA	ME	1	esident Blake	A	
STREET ADDRESS			1.3 ST	REET ADDRESS		6 S.W. 29th Avenue		
CITY-ST-ZIP	DELRAY BEACH FL	ELRAY BEACH FL 140		TY-ST-ZIP	1	lray Beach, FL		
TITLE		☐ DELETE	2.1 🚻	TLE	Δie.	Pray Beach, Pb	☐ Change	☐ Addition
NAME			2.2 NA	ME				
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CITY-ST-ZIP				TY-\$T-ZIP				
TITLE		☐ DELETE	4,1 TII				☐ Change	☐ Addition
NAME			4. 2 N	AME	1			1
STREET ADDRESS			4.3 ST	REET ADDRES	6			
CITY-ST-ZIP				TY-ST-ZIP	<del> </del>		☐ Change	Addition
TITLE		☐ DELETÉ	5.1 TIT 5.2 NA				∟] Cilariye	L Audition
NAME				REET ADDRES	,			ļ
STREET ADDRESS	· ,			rce i addres. TY-ST-ZIP				
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	6.1 TI		+-		Change	Addition
III LL		<b>_</b>	6.2 NA	ME				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

03/24/99

**FILED** 

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90054 036 \*\*\*150.00