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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P9400060963 (3)**1. Corporation Name

Country

9. Name and Address of Current Registered Agent

25

8181 W. BROWARD BLVD.

ETKIN, PATRICIA S

SIGNATURE:

FLORIDA ETHICS, INC.

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Principal Place of Business Mailing Address 2937 KERRY FOREST PKWY. 2937 KERRY FOREST PKWY. 81E B-2 STE. B-2 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State

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FILED
Apr 28 1998 8:00am
Secretary of State



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Yes

This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/18/1994

65-0550607

6. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

SUITE 262 PLANTATION FL 33324			_	Oli Ooli Piddire	see (1.0. Box (401106) is (401 Acceptable)				- 1
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		<del> </del>	4	City		TAFT	7:- (	Yo do	4
		*	•	City	FL	85	Zip (	ode	
Office of I	to the provisions of Sections 607.0502 and 607.1508, Florida S registered agent, or both, in the State of Florida. Such change v im familiar with, and accept the obligations of, Section 607.050	was authorized l	DV 1	the corporation	oration submits this statement for the purpose of	chang	ing its nt as	registered registered	1
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered A	gen'	signature require	d when reinstaling) DATE		<del></del>		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						ᅰ
TITLE	DELETE	1.1 TITLE				Ch	ange	Additio	$\mathbf{T}_{i}$
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CITY-ST-ZIP	TALLAHASSEE FL	1.4 CiTY-	-ST-	ZIP					
TITLE	D DELETE		_			Chi	ange	Addition	ΠĠ
NAME	ETKIN, PATRICIA S	2.2 NAME	Ε						
STREET ADDRESS	8181 W. BROWARD BLVD., SUITE 262	2.3 \$TRE	ET A	DDRESS					
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NAME		6.2 NAME	:						
STREET ADDRESS		6.3 STREE	ET A	DDAESS					
CITY-ST-ZIP		6.4 CITY-	ST-	ZIP					
indicated officer or	certify that the information supplied with this filing does not qual on this annual report or supplemental annual report is true and director of the corporation or the receiver or trustee empowered or Block 13 if changed, or on an attachment with an address.	accurate and t	hat	my signature	e shall have the same legal effect as if made und	er oat	h: tha:	liam an	

Country

81 Name

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