Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90020 013 \*\*\*150.00

## 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 #	P94000074429
4. Composition Name	1 0 700007 1 120

Corporation Name

EDWARD	OS & EDW	'ards, cpa	S, P.A.											
Principal Place	of Business			Mailir	ng Address				-	- I (\$40)440 tim ibii) bibii dhiik bhiil bhiil bhiil abiil			B18 1811 1891	
BRADENTON FL 34205 B				9904 spoonbill RD. E. Bradenton Fl. 34209 US				DO NOT WRITE IN THIS SPACE						
										3. Date Incorporated or Qualifed				
										09/21/1994		<del></del>		
2. Principal Pl	lace of Busine	ess	_	2a. M	ailing Address					4. FEI Number	_	+ • • •	lied For	
21		•	2	26						65-0523073	60		Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				نئت		5. Certificate of Status Desired See Required Fee Required				ļ
City & State	e				ity & State					6. Election Campaign Financing	\$5	.00 N	May Be	i
23			2	28					•	Trust Fund Contribution	Ad	ided to	Fees	l
Zip		Country		Zi	p		Country			8. This corporation owes the current year l			-	,
24	:	25	2	29		30		•		Personal Property Tax.			No	
	9. Name	and Address of	Current Re	gister	ed Agent		-	· ·		10. Name and Address of New Registered	Agent			i
	ARDS, SCO	ITT B L ROAD EASI	-				81	Nam Stre		ess (P.O. Box Number is Not Acceptable)				
	DENTON FL		l				83	_						!
							84	City			85	Zip Co	ode	ļ
		<del> </del>						L			f abanci		ogiotorod	
11. Pursuant office or reagent. I a	to the provision registered age im familiar wit	ons of Sections ( nt, or both, in th n, and accept th	607.0502 an e State of Fl e obligations	id 607. Iorida. s of, Se	.1508, Florida Statu Such change was a ection 607.0505, Flo	tes, ti autho orida	ne above rized by Statutes	e-name the co	rporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment	as regi	stered	
SIGNATURE														l
	Signature, typed	or printed name of regi				E: Regi		nt signatu	re required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTOE	2S IN 12	H
12.	<b>D</b>	OFFIC	ERS AND D	IKEUI	DELETE	-1	13.			ADDITIONS/CHANGES TO OFFICERS A	□ Chi		Addition	1
TITLE	D	COOTT B					1.2 NAME				_	•	_	į :
NAME	1	EDWARDS, SCOTT B					1.3 STREET ADDRESS							
STREET ADDRESS		1904 Spoonbill road Bradenton Fl 34209												i
CITY-ST-ZIP	D	UN FL 34209			☐ DELETE	_	1.4 CITY-ST-ZIP 2.1 TITLE				☐ Chi	ange	Addition	, ;
NAME	EDWARDS	MADV I							-					i
STREET ADDRESS	1						2.2 NAME 2.3 STREET ADDRESS							l
CITY-ST-ZIP	9904 SPOONBILL ROAD BRADENTON FL-34209						2.4 CITY-S					_	· .	
TITLE	DIMDEITI	014 1 6 04203		☐ DELETE			3.1 TITLE				☐ Ch	ange	Addition	Γ
NAME						ı	3.2 NAME		ĺ					ı
STREET ADDRESS						1	3.3 STREET	T ADDRE	ss					l
CITY-ST-ZIP						1	3.4. CITY-S	T-ZIP		•				ŀ
TITLE					☐ DELETE	- 1	4.1 TITLE				☐ Ch	ange	Addition	١
NAME						1	4. 2 NAME							
STREET ADDRESS							4.3 STREE	T ADDRE	ss					ĺ
CITY-ST-ZIP						_ [	4.4 CITY-S	T-ZIP						
TITLE	<del>                                     </del>		<del></del> -	•	☐ DELETE	T	5.1 TITLE				Ch	ange	☐ Addition	1
NAME	[						5.2 NAME							
STREET ADDRESS					•		5.3 STREE	TADDRE	ss					ì
CITY-ST-ZIP	[						5.4 CITY-S	T-ZIP						ļ
TITLE					☐ DELETE		6.1 TITLE				Ch	ange	Addition Addition	
NAME							6.2 NAME							ĺ

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