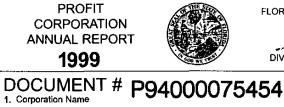
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

H. EDWARD FOUTY JR, PH.D., P.A.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 06, 1999 8:00 am Secretary of State

05-06-1999 90078 037 ***150.00

|--|--|

Principal Place	e of Business	Mailing	g Address						881 8 1111 8 18	01 31411 8101 10B1
1510 MASON AVE 1510 MASON AVE							ļ			
DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117										
							DO NOT WRI	TE IN THIS	SPACE	
	b						3. Date Incorporated or Qualifed			i
							10/12/1994			
2. Principal P	lace of Business	2a. Ma	iling Address				4. FEI Number			Applied For
21		26					59-3272608			Not Applicable
Suite, Apt.	#, etc.	Su	ite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional
22		27								Required
City & State	e	Cit	ty & State				6. Election Campaign Financing			0 May Be
23		28					Trust Fund Contribution		Adde	to Fees
Zip	Country	Zip)	Count	ry		8. This corporation owes the curr			
24		29		30			Personal Property Tax.		☐ Yes	□No `
	9. Name and Address of Curre	nt Registere	d Agent		_		10. Name and Address of New F	Registered A	\gent	
=0.	.			8	1	Name				i
	TY, H E JR			8	2	Street Addre	ss (P.O. Box Number is Not Accepta	able)		
	MASON AVE			-	_		(
DAY	TONA BEACH FL 32117			8	3					
				_	+				05 7:	Code
				8	4	City		FL	85 Zip	Code
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. S	Such change was a	uthorized b	∙v tr	named corpo ne corporation	ration submits this statement for the n's board of directors. I hereby accept	purpose of o t the appoin	tment as	ts registered registered
	, (3.1)									
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if app	licable. (NOTE	Registered Ag	ent s	signature required	when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTO	ORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	ORS IN 12
TITLE	PST		☐ DELETE	11 TITLE					Change	Addition
NAME	FOUTY, H. EDWARD JR.			1.2 NAME	Ξ].
STREET ADDRESS	1510 MASON AVE			1.3 STRE	ETA	NDDRESS				
CITY-ST-ZIP	DAYTONA BEACH FL			1.4 CITY	ST-	ZIP				i
TITLE			☐ DELETE	2.1 TITLE	:				Change	Addition
NAME				2.2 NAM	Ē.	ļ				ļ
STREET ADDRESS				2.3 STRE	FTA	ADDRESS				
				2. 4 CITY						
CITY-ST-ZIP TITLE			☐ DELETE	3.1 TITLE					Change	Addition
NAME				3.2 NAME					_	
						ADDRESS				
STREET ADDRESS										
CITY-ST-ZIP TITLE			DELETE	3.4. CITY 4.1 TITLE		- 211"			Change	e Addition
				1		\				
NAME				4. 2 NAM						
STREET ADDRESS				1		ADDRESS				
CITY-ST-ZIP			□ e=: ===	4.4 CITY		ZIP			Chart	Addition
TITLE			☐ DELETE	5.1 TITUE					Change	e 🗌 Addition
NAME				5.2 NAMI						}
STREET ADDRESS						ADDRESS				İ
CITY-ST-ZIP				5.4 CITY		ZIP				
TITLE			☐ DELETE	6.1 TITLE]			Change	Addition
NAME				6.2 NAMI	E					
STREET ADDRESS				6.3 STRE	ET A	ADDRESS				\
CITY-ST-ZIP				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 chapter or on an attachment with an address, with all other like empowered.

SIGNATURE: