Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90016 025 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # DOMOGOZZEE1

1. Corporatio	RRIS & ASSOCIATES, INC.	1077551					Andrews
Principal Plac	e of Business	Mailing Address			- I Skatipat iin idiin bibii deiit aditi datii daii	!	831 8 1 41 8 1 1 86 1
235 NE 6TH AVE DELRAY BCH FL 33483 US		P O BOX 105 DELRAY BEACH FL 33447 US		DO NOT WRITE IN THI	S SPACE		
					3. Date Incorporated or Qualifed 10/20/1994		
2. Principal P	Place of Business	2a. Mailing Address	S		4. FEI Number	App	plied For
21		26			65-0533381		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	tc.		5. Certificate of Status Desired	\$8.75 A Fee Re	
City & Stat	te .	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	•
Zip	Country Zip		Cou	6. The corporation of the carrier year managers		□No	
27	9. Name and Address of Currer	11]50		10. Name and Address of New Registered	i Agent	
				81 Name 4.	MANK STEPHEN R.		-
,	ANK, STEPHEN R				PESS (P.O. Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·
309 NE 1ST STREET				300			
SUITE 100				83			
DEL	RAY BEACH FL 33483			04 6%		95 7in C	`ada
				84 City 0€	LRAY BEACH FI	85 Zip C	483
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change	was authorized	l by the comoratio	oration submits this statement for the purpose con's board of directors. I hereby accept the appoint	of changing its pintment as reg	registered gistered
SIGNATURE							
	Signature, typed or printed name of registered agei			Agent signature required	The state of the s		
12.	···	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO Change	RS IN 12
TITLE	PTS	☐ DELE				☐ Criange	Addition
NAME	HARRIS, LINDA S		1.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33344			ry-st-zip		Change	Addition
TITLE		☐ DELE				☐ Change	☐ Addition
NAME			2.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP		Change	Addition
TITLE		☐ DELE				☐ Change	- Addition
NAME			3.2 NA				
STREET ADDRESS			3.3 \$1	REET ADDRESS			
CITY-ST-ZIP		- D Bru		TY-ST-ZIP		Change	☐ Addition
TITLE		☐ DELE			,	☐ Change	[_] Addition
NAME			4. 2 N		•	•	
STREET ADDRESS				REET ADDRESS	•		
CITY-ST-ZIP		☐ DELE		ry-st-zip		Change	
TITLE			5.1 TiT				☐ Addition
NAME			52 NA				Addition
OTDEET 155555			5.2 NA 5.3 STI	ME			☐ Addition
STREET ADDRESS			5.3 STI	ME REET ADDRESS		c.i.a.go	☐ Addition
CITY-ST-ZIP		_	5.3 STI 5.4 CIT	ME REET ADDRESS IY-ST-ZIP		·	
		☐ DELE	5.3 STI 5.4 CIT	ME REET ADDRESS Y-ST-ZIP		Change	☐ Addition

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 ADORESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

