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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000079104

MCKINNON & MCKINNON, CHARTERED

WOMWA	ON & MONIMON, OF BUILD					7 . 3			
Principal Place of Business		Mailing Address					11) 98 1)(49)(F)		
3405 OCEAN DR. VERO BEACH FL 32963 US		3405 OCEAN DR. VERO BEACH FL 32963 US			DO NOT WRI	TE IN THIS	SPACE		
						10/27/1994			1
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Apı	plied For
21		26				65-0532357		Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
22		27				3. Certificate of Status Desired		Fee Re	quired
City & State	e	City & State				6. Election Campaign Financing		\$5.00	
23		28	0			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the curr	ent year Int		□No
24	25	29	30			Personal Property Tax. 10. Name and Address of New F	Registered .		
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Hame and Address of How I	togiot or our		
MCK	(INNON, CHARLES R.		1						
3405 OCEAN DR.				82	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
l	O BEACH FL 32963			83					
				_					N- 4-
				84	City		FL	85 Zip C	∠ode
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a	authorized	by th	named corpo ne corporation	oration submits this statement for the in's board of directors. I hereby accep	purpose of ot the appoi	changing its ntment as req	registered gistered
}	, ,			100.					ļ
SIGNATURE	Signature, typed or printed name of registered age				signature required	when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTI			signature required	when reinstatung) ADDITIONS/CHANGES TO OF			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTI	E. Registered /	Agent si	signature required			ID DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AND DP MCKINNON, CHARLES R.	ent and title if applicable. (NOTI	E. Registered /	Agent si	signature required				
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AND DP MCKINNON, CHARLES R. 3405 OCEAN DR.	ent and title if applicable. (NOTI	13. 1.1 TIII	Agent si LE ME	signature required				
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND DP MCKINNON, CHARLES R.	ent end title if applicable. (NOTI ND DIRECTORS	13. 1.1 TIII 1.2 NAI 1.3 STF	Agent si	DORESS			Change	Addition (
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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 as on an attachment with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 234-4340