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PROFIT CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Jan 29, 1999 8:00am

Secretary of State

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Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000080437

1. Corporation Name

STREET ADDRESS

POSITIVE ASSET MANAGEMENT CORPORATION

Principal Place	e of Business	Mailing Address							 	8 ishis i aa h (88)	
677 N WASHINGTON BLVD SARASOTA FL 34236-4241 US 677 N WASHINGTON BLVD SARASOTA FL 34136-4241 US US							DO NOT WR		S SPACE		1
	•					3. Date Incorporate 11/02/1994	ed or Qualifed				
2 Drivered D	lless of Business	2a. Mailing Address				4. FEI Number			Δ.	oplied For	
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21 Suite Ant	# oto	Suite, Apt. #, etc.				04 3000372				Additional	7
Suite, Apt.	#, etc.					5. Certifcate of Sta	tus Desired	. 🗆		equired	
22 27 City & State City		City & State	tv & State			6. Election Campa	an Einancina	~		May Be	
23		28				Trust Fund Cont	-		• •	to Fees	
Zip	Country	Zip	Cou	untry		8. This corporation		rent vear in			1
24	25	<u>├</u>	30	•		Personal Proper		ronk your in	Yes	□No	
24	9. Name and Address of Current	Registered Agent		Τ	···	10. Name and Add		Registered	I Agent		1
		W. Warrie		81 N	ame						•
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	ASOTA FL 34236			83		134 5176		cill Mill Mil	111111111111111111111111111111111111111	42	ĺ
	<u>, .</u>					1111111	制度對釋也			\$ (III 126 138)	
	· · · · · · · · · · · · · · · · · · ·			84 Ci	ity			FI	85 Zip	Code	
11 Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State o im familiar with, and accept the obligati	and 607 1508. Florida Statute	s. the a	ibove-na	med corpo	ration submits this sta	tement for the	purpose o	of changing its	registered	
office or r	egistered agent, or both, in the State o	f Florida. Such change was au	thorize	d by the	comoration	n's board of directors.	I hereby acce	ept the appo	ointment as re	egistered	ı
		is oe cot õcos cl			00.po.a.a.		_				
	ım familiar with, and accept the obligati	ons of, Section 607.0505, Flor	ida Stat	utes.	оо.ро. о		-				
SIGNATURE							···	DATE		· .	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:				when reinstating) () () () () () () () () () (DATE			100
		and title if applicable. (NOTE:	Registered	d Agent sign		when reinstating) () () () () () () () () () (DATE			(00,77)
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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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

Diedrich,