## 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 # P94000089128

1. Corporation Name

WHITLEY & ASSOCIATES, INC.

						-{	ANNI ERIN NEIRI			
Principal Place of Business Mailing Address									•	
11767 S.W. 1ST ST. CORAL SPRINGS FL 33071  11767 S.W. 1ST ST. CORAL SPRINGS FL 33071										
		·.					RITE IN THIS	SPACE		
						3. Date Incorporated or Qualife 12/08/1994	ed			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	** -	App	olied For	
21	The resemble of the second	26				65-0540892		Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						- Cartifacta of Status Desired		\$8.75 A	dditional	
27						5. Certifcate of Status Desired	ш	Fee Rec	quired	
City & State City & State						6. Election Campaign Financing 55.00 May B				
28						Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country	<i>i</i>		8. This corporation owes the c	urrent year Int	angible		
24 25 29 30						Personal Property Tax.		☐ Yes [	□No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of Nev	v Registered	Agent		
	,		81	Na	me					
WHITLEY, CHARLES				Str	oot Addro	ddress (P.O. Box Number is Not Acceptable)				
11767 SW 1ST ST				30	eer vaare	idless (P.O. Box Number is Not Acceptable)				
CORAL SPRINGS FL 33071			83	1						
			<u> </u>	ļ						
	•		84	Cit	у		FL	85 Zip C	ode	
office or re	egistered agent, or both, in the State	502 and 607.1508, Florida Statutes, t e of Florida. Such change was autho pationsyof, Section 607.0505, Florida	rized by	rtne o	ned corpo corporation	ration submits this statement for t i's board of directors. I hereby ac	he purpose of cept the appo	changing its r intrnent as reg	registered jistered	
SIGNATURE	Charles W	holly.					412910	M		
	Signature, typed or printed name of registered ag	,		nt signa	ture required	when reinstating)	DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS AN		RS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE					☐ Change	☐ Addition	
NAME	WHITLEY, MARY		1.2 NAME		1					
STREET ADDRESS	ESS 11767 S.W. 1ST ST. 138			1.3 STREET ADDRESS						
CITY-ST-ZIP	1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			T-ZIP			. <u>.                                   </u>			
TITLE			2.1 TITLE					Change	☐ Addition	
NAME	WHITLEY, CHARLES 22N				ļ					
STREET ADDRESS	*11767 SW 1ST ST 238			2.3 STREET ADDRESS						
CiTY-ST-ZiP	CORAL SPRINGS FL 2.40			ST-ZIP						
TITLE			3.1 TITLE					Change	Addition	
NAME	3.2 N		3.2 NAME					,		
STREET ADDRESS	3.3 \$		3.3 STREET ADDRESS		RESS			. 1		
CITY-ST-ZIP	3.4. C		3.4, CITY-ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE					☐ Change	☐ Addition	
NAME		· ·	4. 2 NAME		1					
STREET ADDRESS			4.3 STREE	T ADDF	RESS					
CITY-ST-ZIP			4.4 CITY-S	ST-ZiP						
TITLE		☐ DELETE	5.1 TITLE					Change	Addition	
NAME		·	5.2 NAME		1					
STREET ADDRESS	·	1	5.3 STREE	T ADDF	RESS				j	
CITY-ST-ZIP		i	5.4 CITY-S	ST-ZiP				•	1	
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition	

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

NAME STREET ADDRESS

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90098 042 \*\*\*150.00