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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90031 045 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation	INEN # P9400	0093821					
M. BRU	ICE GRIFFITH, P.A.						
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1 .	ce of Business	Mailing Address					* .
5765 LAKE BR	•	5765 LAKE BREEZE CT SARASOTA FL 34233					
US US				DO NOT V	DO NOT WRITE IN THIS SPACE		
				3. Date incorporated or Qual 01/01/1995	fed		
2. Principal F	Place of Business	2a. Mailing Address	·	4. FEI Number		A	pplied For
21		26		65-0548653		N	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desire	d ⊡		Additional
22		27				. Fee R	equired
City & Sta	ite	City & State		6. Election Campaign Finance	ing		May Be
Zip	Country	28 Zip	Causter	Trust Fund Contribution			to Fees
24	25	29	Country 30	8. This corporation owes the	current year Ir	ntangible Yes	MNo
24	9. Name and Address of Curr	11	[30]	Personal Property Tax. 10. Name and Address of Ne	w Registerer	_	INDO
	the second of th	A San Carlo	81 Name	10. 110.110 2110	giotore	· r-gotti	
	FEITH, M. BRUCE						
5765 LAKE BREEZE CT			82 Street Add	ress (P.O. Box Number is Not Acc	eptable)		
SAF	RASOTA FL 34233		83	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	5.广(有电路)	1878 5 192 1 133	
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	•	A Company of the Comp	84 City		—	85 Zip	Code
1						1 1	,
11. Pursuant	to the provisions of Sections 607.0	502 and 607.15 <u>08,</u> Florida Sta	ites, the above-pamed corp	porglion submits this statement for	the purpose o	f changing its	registered
11. Pursuant	t to the provisions of Sections 607.0 registered agent, or both, in the Stat am familiar with and accept the obli-	502 and 607.1508, Florida State of Florida Such chapte was gations of Section 177,0306	utes, the above named corp authorized by the or poration	portion submits this statement for sets board of directors. I hereby a	the purpose occept the appo	f changing its intment as re	registered egistered
1	to the provisions of Sections 607.0: registered agent, or both, in the Statem familiar with, and accept the obli-	502 and 607.1508, Florida State of Florida. Such that the state of Florida. Such that the state of Florida State of Stat	utes, the above named corp authorized by the or parath	oration submits this statement for see board of directors. I hereby a	the purpose of coept the appo	f changing its intment as re	s registered egistered
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SIGNATURE 12. TITLE	Signature, typed or printed name of registered at OFFICERS A	igent and title if application. (NOT	E: Registered Agent (finaltire require	d when reinstating)	7-12 DATE	-49	<u>. 1 </u>
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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 607 on an attach nept in an officers, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP