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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000026519**1. Corporation Name

SULLIVAN & ASSOCIATES SENIOR ASSISTANCE, INC.							
<u> </u>							
Principal Place of Business	Mailing Address						
P.O. BOX 1541 DUNEDIN FL 34697	P.O. BOX 1541 DUNEDIN FL 34697						

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90005 011 ***150.00



				DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed				
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oal Place of Business	⊢ , ,							1
				59-3311208				3
Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		T		{_
·	27					Fee Red	quired	1
State	City & State			6. Election Campaign Financing	m	•	•	
	28			Trust Fund Contribution		Added to	Fees	
Country	Country Zip Country			8. This corporation owes the cur				-
25	29	30		Personal Property Tax.			No	
				10. Name and Address of New	Registered Ag	ent		ĺ
	Burtoline San Carlo and San	8	1 Name	•				
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		8	City	•	FL	85 Zip C	QUB	
ant to the provisions of Sections 607 050	2 and 607.1508, Florida Statutes	s, the abo	ve-named corpo	oration submits this statement for the	purpose of ch	anging its	egistered	
or registered agent, or both, in the State (of Florida. Such change was aut	thorized b	v the comporatio	on's board of directors. I hereby acce	pt the appointn	nent as reg	istered	
	ions of, Section 607.0505, Flori		3.					
Slonature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	Registered Ag	ent signature required	d when reinstating)	DATE			١.
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Bide & mile & Broke Co	☐ DELETE	6.1 TITLE	_			Change	Addition	
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RESS PROPERTY OF THE PROPERTY		6.3 STRE	ET ADDRESS					l
	9. Name and Address of Current SULLIVAN, FRANCES 2679 WALNUT DRIVE PALM HARBOR FL 34683 Lant to the provisions of Sections 607.0500 or registered agent, or both, in the State of the company of the colligate of the collision of	Apt. #, etc. Apt. #, etc. State Country Zip Zip Zip Zip Zip Zip Zip Zi	Apt. #, etc. State Country Zip Country Zip Country Zip SULLIVAN, FRANCES 28 SULLIVAN, FRANCES 2879 WALNUT DRIVE PALM HARBOR FL 34683 But and to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above or registered agent, or both, in the State of Florida. Such change was authorized by a correlistered agent, or both, in the State of Florida. Such change was authorized by a correlistered agent, or both, in the State of Florida. Such change was authorized by a correlistered agent and title if applicable. NOTE: Registered Agent OFFICERS AND DIRECTORS 13. PSTD SULLIVAN, FRANCES Signature, typed or permed name of registered agent and title if applicable. NOTE: Registered Agent (NOTE: Registered Agent 1.1 mr. and a correlistered agent and title if applicable. OFFICERS AND DIRECTORS 13. PSTD SULLIVAN, FRANCES 12. NAME 23. STREE 24. CITY. DELETE 21. TITLE 22. NAME 23. STREE 33. STREE 34. CITY. DELETE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY. DELETE 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY. DELETE 6.1 TITLE 6.1 TITLE DELETE 6.1 TITLE 6.1 TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE B.1 TI	Apt. #, etc. Suite, Apt. #, etc.	3. Date Incorporated or Qualifed O4/03/1995 sal Place of Business 2a. Mailing Address 2b. 4. FEI Number 59-3311208 Apt. #, etc. Suite, Apt. #, etc. 27 State Country 26 Country 27 Country 27 Country 28 Suite, Apt. #, etc. 27 Country 28 Suite, Apt. #, etc. 27 Country 28 Suite, Apt. #, etc. 27 Country 29 Suite, Apt. #, etc. 27 Country 29 Suite, Apt. #, etc. 27 Country 29 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Country 29 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 Suite, Apt. #, etc. 24 Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite,	3. Date incorporated or Qualified 04/03/1995 API DELETE 1.1 TIME 1.2 DELETE 1.5 DELETE	all Place of Business	Substitute Sub

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 chapted, or on an attachment with an address, with all other like empowered.