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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90028 033 ***150.00

DOCUMENT # P95000039267

| 1. Corporation PROFESS | SIONAL LEGAL ASSISTANT | | | | | | | | |
|--|--|--------------------------------|--|--|--|---|--|-----------------------|--|
| Principal Place | e of Business | Mailing Address | | - | | - | ae 1161 a 1 8 10 e | tibia ditti taat 1441 | |
| 4610 ARDALE ST 4610 ARDALE ST | | | | | | | | | |
| SARASOTA FL 34232 SARASOTA FL 34232 | | | | | | DO NOT WRITE IN TH | IC CDACE | | |
| us us | | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | | |
| | | | | | | 05/17/1995 | | İ | |
| 2. Principal Place of Business | | 2a. Mailing Address | - | | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | | | → · · · · · · · · · · · · · · · · · · · | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | | 75 Additional | | |
| 22 | | 27 | | | | 5. Certificate of Status Desired | Fe | e Required | |
| City & State | 9 | City & State | | | | 6. Election Campaign Financing | | .00 May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | | ded to Fees | |
| Zip | Country | Zip | Cour | itry | | 8. This corporation owes the current year | Intangible ☐Yes | MNo. | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. 10. Name and Address of New Registere | | ONLS | |
| | 9. Name and Address of Curre | nt Registered Agent | | 81 Nar | | 10. Halle and Address of New Registere | u Aguin | | |
| SWA | RTZ, PATRICIA A | | | | | | | | |
| 4610 ARDALE ST | | | | 82 Stre | et Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| SARASOTA FL 34232 | | | ŀ | 83 | | | | | |
| | | | | | | | | | |
| | | | | 84 City | | F | 85 | Zip Code | |
| 11 Pursuant | to the provisions of Sections 607 05 | 02 and 607.1508. Florida Statu | tes, the at | <u> </u> | ed corpo | eration cultivite this statement for the nurnose | of changin | g its registered | |
| office or re | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida, Such change was a | autnonzea | by the c | orporatio | n's board of directors. I hereby accept the app | ointment a | as registered | |
| SIGNATURE | | | | | | when reinstating) DATE | | | |
| 12, | Signature, typed or printed name of registered age | ND DIRECTORS (NOT) | 13. | Agent signat | ne tedined | ADDITIONS/CHANGES TO OFFICERS | AND DIRE | CTORS IN 12 | |
| TITLE | D | THE DIRECTOR | _ | | | | ☐ Cha | | |
| mar | | ☐ DELETE | 1.1 TIT | | | | | | |
| NAME | _ | ☐ DELETE | 1.1 TIT 1.2 NA | ME | ļ | | | | |
| NAME STREET ADDRESS | SWATZ, PATRICIA A | [] DELETE | 1.2 NA | | ESS | | | | |
| STREET ADDRESS | SWATZ, PATRICIA A 4610 ARDALE ST | [] DELETE | 1.2 NA 1.3 ST | REET ADDRI | :SS | | | | |
| STREET ADDRESS CITY-ST-ZIP | SWATZ, PATRICIA A 4610 ARDALE ST SARASOTA FL 34232 | ☐ DELETE | 1.2 NA 1.3 ST | REET ADDRI Y+\$T-ZIP | :SS | | ☐ Cha | nge Addition | |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME | SWATZ, PATRICIA A 4610 ARDALE ST SARASOTA FL 34232 D SWARTZ, THOMAS H | | 1.2 NA 1.3 ST 1.4 CD 2.1 TIT 2.2 NA | REET ADDRI Y-ST-ZIP LE | | | | nge Addition | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | SWATZ, PATRICIA A 4610 ARDALE ST SARASOTA FL 34232 D SWARTZ, THOMAS H 4610 ARDALE ST | | 1.2 NA 1.3 ST 1.4 CD 2.1 TH 2.2 NA 2.3 ST | REET ADDRI Y-ST-ZIP LE ME | | | | nge | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | SWATZ, PATRICIA A 4610 ARDALE ST SARASOTA FL 34232 D SWARTZ, THOMAS H | | 1.2 NA 1.3 ST 1.4 CD 2.1 TH 2.2 NA 2.3 ST | REET ADDRI Y-ST-ZIP LE ME REET ADDRI IY-ST-ZIP | | | | | |
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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 1

SIGNATURE:

ATRICIA A. SWARTZ 4/29/99 941-371-676

CR2E034 (11/98)