FILE 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**

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1. Corporation Name			ACCHERGIA SEC. PERMITA			
THE WORD ASSOCIATION, INC.				,		
ii— word independent, inc.						
Principal Place of Business Mailing Address						
11100 Griffing Boulevard 666 Glenbrook Road		l	•			
Miami, Florida 33161 Stamford, CT 06906		-)	DO NOT WRITE IN THIS SPACE			
,	•		Date Incorporated or Qualifed			
			06/09/95			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21 5721 Southwest 17th Street	26 5721 Southwest 1	7th Street	65-0589897	Not Applicat		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional		
22	27		5. Certificate of Status Desired	Fee Required		
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be		
23 Plantation, Florida	28 Plantation, Flor	rida	Trust Fund Contribution	Added to Fees		
Zip Country	Zip Co	untry	8. This corporation owes the current year	Intangible		
24 33317 25 USA	29 33317 30	USA	Personal Property Tax.	□ Yes □ No		
9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registere	d Agent		
77	•	81 Name K	evin Hall			
Kevin Hall	•	82 Street Addres	ss (P.O. Box Number is Not Acceptable)			
11100 Griffing Boulevard		5721 So	uthwest 17th Street			
Miami, Florida 33161		83				
r 		84 City Plantat	ion F	L 85 Zip Code 33317		
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	above-named corpor	ation submits this statement for the purpose	of changing its registered		
office or registered agent, or both, in the State of	Florida. Such change was authorize	d by the corporation	's board of directors. I hereby accept the app	ointment as registered		

j its registered s registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Welly Hall				7/7/	<u> </u>
<u> </u>	Signature, typed or printed name of registered agent and title if applica		gistered Agent signature r		in nineara	
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	X DELETE	f.1 TITLE	DPST	☐ Change	
NAME	Kevin Hall		1.2 NAME	Kevin Hall	•	
STREET ADDRESS	11100 Griffing Boulevard		1.3 STREET ADORESS	5721 Southwest 17th Street		
CITY-ST-ZIP	Miami, Florida 33161		1.4 CITY-ST-ZIP	Plantation, Florida 33317		
TITLE	D	₩ DELETE	2.1 TITLE		☐ Change	C
NAME	Michael Huber		2.2 NAME			
STREET ADDRESS	11100 Griffing Boulevard		2.3 STREET ADDRESS	700003082	2367	1
CITY-ST-ZIP	Miami, Florida 33161		2.4 CITY-ST-ZIP		01076	020
TITLE	D	₩ DELETE	3.1 TITLE	*****70.00	西海海	70 .: 00
NAME	Robert Hausman	•	3.2 NAME			
STREET ADDRESS	11100 Griffing Boulevard	•	3.3 STREET ADDRESS			
CITY-ST-ZIP	Miami, Florida 33161		3.4. CITY-ST-ZIP			
TITLE	000	□ DELETE	4.1 TITLE		☐ Change	Additio
NAME	Robert Runde		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	Stamford, CT 06906	···	4.4 CITY-ST-ZIP			
TITLE	T	DELETE	5.1 TITLE	,	Change	Additio
NAME	R M Parry		5.2 NAME			
STREET ADDRESS	_		5.3 STREET ADDRESS			
CITY-ST-ZIP	Stamford, CT 06906		5.4 CITY-ST-ZIP		_	
TITLE		☐ DELETE	6.1 TITLE		Change	_ Additio
NAME		-	62 NAME			-
STREET ADDRESS	•		6.3 STREET ADDRESS			KE
	l .					

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 attachingent with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

99 DEC 21 PH 1:01

_SECRETARY OF STATE

Applied For Not Applicable