## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CCRPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secreta v of State DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90025 038 \*\*\*150.00

## DOCUMENT # P95000059550

1. Corporat on Name

FIDELITY ASSESSMENT REDUCTION CORPORATION

Principal Place of Business Mailing Address					1 18411001 110 10101 0	1101 EBILL AGIN BANK SOL	11 81119 18181 81191 4	r*15) <b>We</b> ll (#8)
721 U.S. HIGHWAY 1. SUITE 223 NORTH PALMI BEACH FL 33408		PO BOX 32713 PALM BCH. GARDENS FL 33420-2713						
				DO NOT WRITE IN THIS SPACE				
					3. Date incorporated or	Qualifed		
					07/28/1995			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		App	lied For
21		26			65-06 10323		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 Certificate of Status D	5. Certificate of Status Desired  \$8.75 Ac ditional			
22		27			3. Common to or Clarate D		Fee Rec	·
City & State	<del>-</del>	City & State			6. Efection Campaign Fi	- 11	\$5.00	
23		28			Trust F and Contributi	on	Added to	Fees
Zip	Coun ry	Zip	Countr	У	8. This corporation owe:			I This
24	25	<del></del>	30		Personal Property Ta			No
Name and Address of Current Registered Agent				1 Nome	10. Name and Address		J Agent	
шс	AS, R <b>obe</b> rt S		8	1 1	REZA SEYEDI			
721 U.S. HIGHWAY 1, SUITE 223			8.	2 Street Ad	dress (P.O. Box Number is No	t Acceptable)		
NORTH PALM BEACH FL 33408			8		20 GULFSTREAM	n WAY		
MORTH FALM BEACH I C 30400				3				
				4 City	(ILA 151 M.)	F	85 Zip C	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statu es				31	NGER ISLAND			404
office or r	egistered agent, or both, in the State (	of Florida. Such change was ลเ	ithorized b	y the corpora	rion's board of cirectors. I here	by accept the app	ointment as rec	stered
agent. a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statute	S.			11.261	aa
SIGNATURE	Rock Sold	MOT.	Desistand Ass	ant elegablica roca	red when reinstating)	DATE	4/26/	17
12.	Signature, type or printed name of registered agen OFFICERS AN	<u> </u>	13.	en signature rade	ADDITIONS/CHANGE			
TITLE	Ρ	☐ DELETE	1.1 TITLE				Change	Addition
NAME	SEYEDIN, REZA		1.2 NAME					
STREET ADDRESS	1220 GULFSTREAM WAY		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	SINGER ISLAND FL 33404		1.4 CITY-					
TITLE	ST	☐ DELETE	2.1 TITLE		V/ST		Change	Addition
NAME .	SEYEDIN, LINDA		2.2 NAME		,, , , ,			
STREET ADDRESS	1220 GULFSTREAM WAY		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	SINGER ISLAND FL 33404	1	2. 4 C/TY	-ST-ZIP				
TITLE	V	DELETE	3.1 TITLE				Change	Addition
NAME	LUCAS, ROBERT S		3.2 NAME					
STREET ADDRESS	1173 SW 24TH ST.		33STRE	ET ADDRESS				1
CITY-ST-ZIP	PALM CITY FL 34990		3.4. CITY	-ST-ZIP				
TITLE		☐ DELETE	4 1 TITLE				Change	☐ Addition
NAME			4. 2 NAM	e				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition

14. I heret y certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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 eath; 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 the my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5 4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

□ DELETE

☐ Change

Addition