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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000066912

DARLENE HUDSON, P.A.

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					08/29/1995		÷		.
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	<b>*</b> , 510.	27			5. Certifcate of St	tatus Desired	. 🗆	Fee Re	
City & Stat	e	City & State			6. Election Camp	aign Financing		\$5.00	May Be
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24	25	29	30		Personal Prope		· •		□No
2-4	9. Name and Address of Current F	Registered Agent	· - ·		10. Name and Ad	dress of New R	egistered .	Agent	
		94* 19 19 19 19 19 19 19 19 19 19 19 19 19	81	Name					
	JTHWEST PROFESSIONAL SERVIC	ES OF FT MYER	82	Street Addr	ress (P.O. Box Number	er is Not Accepta	ble)		·
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,			1 1	City			FL	,	
11 Pursuant	to the provisions of Sections 607.0502 aregistered agent, or both, in the State of	and 607.1508, Florida Statu	ites, the above	-named corp	poration submits this st	tatement for the	purpose of	changing its	registered
			authorized by 1		on's board of directors	s. I nereby acced	t the appoi	nument as reg	yistereu
office or r	registered agent, or both, in the State of	riorida: Such change was i	orida Statutes.	tne corporati			• • •		
⇒ agent.·I a	registered agent, or both, in the State of im familiar with, and accept the obligation	ons of, Section 607.0505, Fl	orida Statutes.	tne corporati					3
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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 truefee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver or tro Block 12 or Block 13 if changed or on an attachment

6.4 CITY-ST-ZIP

**SIGNATURE** 

561-686-9102