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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000085669

1. Corporation Name

KNOWLES AND ASSOCIATES, INC. INVESTMENT MANAGEME

NT												
Principal Place	of Business	Mailing Ad	ddress					1 1883188	1 11 6 19181 BIEI BE	(*) 68311 68117 8	. Widt 18481 Still Bitt	
7550 S.W. 57TH AVE.		7550 S.W.	7550 S.W. 57TH AVE.									
SUITE 110			SUITE 110				DO NOT WRITE IN THIS SPACE					
SOUTH MIAMI FL 33143 SO		SOUTH MI	SOUTH MIAMI FL 33143			3	3. Date Incorporated or Qualifed					
							J.,	11/07/19				
2 Principal Pl	ace of Business	2a. Mailing	a Address				4.	FEI Number				pplied For
·	ace of business	26	g / 100/000					65-06179				lot Applicable
21 Suite, Apt. 3	#. etc.	 	Apt. #, etc.				<u>-</u>				\$8.75	Additional
22	.,	27	•				5.	Certificate of	Status Desire	d 🔲	Fee F	Required
City & State	e	City &	State				6.	Election Car	mpaign Financ	ing 🖂	\$5.00	May Be
23		28						Trust Fund	Contribution		Added	to Fees
Zip	Country	Zip		Coun	ntry		8.	This corpora	ation owes the	current yea	r Intangible	_ 1
24	25	29		30				Personal Pr			Yes	□No
	9. Name and Address of 0	Current Registered A	Agent				10.	Name and	Address of N	ew Registe	red Agent	
1410				1	81	Name			•		3	`
	WLES, CHARLES J			1	82	Street A	ddress (P	O. Box Num	ber is Not Acc	eptable)		
	S.W. 57TH AVE.			L			`					
	E 110				83							
SOU	TH MIAMI FL 33143				84	City			A 1 5		: 85 Zip	Code
						•			da da		<u> </u>	
11 Durayant		07 AFAA									e of changing if	e registered 1
- Fursuant	to the provisions of Sections 60	07.0502 and 607.1508	8, Florida Statut	tes, the ab	ove-i	named c	orporation ration's bo	n submits this	statement for ors. I hereby a	ccept the a	popintment as r	egistered
office or re	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	State of Florida. Such	h change was a	authorized	by th	named one corpo	ration's bo	n submits this pard of direct	s statement for ors. I hereby a	ccept the a	ppointment as r	egistered
office or re agent. I ar	egistered agent, or both, in the	State of Florida. Such	th change was a on 607.0505, Flo	authorized orida Statut	by th tes.	ne corpo	ration's bo	oard of direct	s statement for ors. I hereby a	ccept the a	ppointment as r	registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the m familiar with, and accept the Signature, typed or printed name of registr	State of Florida. Such obligations of, Section ered agent and title if applicable	th change was a on 607.0505, Flo	authorized orida Statul E: Registered A	by th tes.	ne corpo	quired when r	pard of difect	ors. I nereby a	DATI	E	egistereu
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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 of 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, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Date

Daytime Phone #

3056655282