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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000092346

1. Corporation Name

		:, P.A.											
Principal Plac	e of Business	Ma	ailing Address					r (Barsear sea raine artii dasii a	Alla RAIRI ABRIA	18118 (1888)	11111 649	SP BILL FOOL	
911-A MAR WALT DRIVE 911-A MAR WALT DRIVE													
FT. WALTON BEACH FL 32547 FT. WALTON BEACH FL 3254				2547	.7			DO NOT WRITE IN THIS SPACE					
							⊢	3. Date Incorporated or Qualifect					
							}	12/05/1995		-		1	
2. Principal P	Place of Business	2a.	. Mailing Address					4. FEI Number			Appli	ied For	
21		26						59-33480 <u>23</u>				Applicable	
			Suite, Apt. #, etc.	uite, Apt. #, etc.				5. Certifcate of Status Desired			\$8.75 Additional Fee Required		
22 City 9 Ctot		27	27										
City & Stat	le	20						Election Campaign Financing Trust Fund Contribution	' 🗆		оо м led to	lay Bø Fees	
23 Zip	Country	20	Zip	С	ountry		\dashv	8. This corporation owes the cur	rrent year in				
24	25	29		30				Personal Property Tax.	-	Yes		No	
	9. Name and Address of Curr	rent Regis	stered Agent				1	10. Name and Address of New	Registered	Agent			
1 501	TER, ARTHUR H MD,JD				81	Name							
	WAGON WHEEL ROAD				82	Street Ad	ddress	(P.O. Box Number is Not Accep	table)				
	WALTON BEACH FL 32547				83								
• • •					93								
					84	City			FL	85 2	Zip Co	de	
11 Dureuant	to the provisions of Sections 607.0	1502 and 6	607 1508 Florida Statu	ites the	above	e-named co	orporat	tion submits this statement for the	e purpose of	= _ f changing	its re	gistered	
office or r	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florid	da. Such change was a	authoriz	zed by	the corpora	ation's	board of directors. I hereby acce	ept the appo	intment as	s regis	stered	
SIGNATURE													
SIGNATURE	Signature, typed or printed name of registered a	agent and title	if applicable. (NOT	E: Registe	ered Agen	nt signature requ	uired whi	en reinstating)	DATE				
12.	Signature, typed or printed name of registered of OFFICERS				ered Agen	nt signature requ	uired wh	en reinstating) ADDITIONS/CHANGES TO O		ND DIREC	CTOR	S IN 12	
	OFFICERS D			1		it signature requ	uired who			ND DIREC		S IN 12	
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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 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: __

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)