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

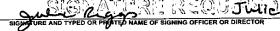
DOCUMENT # **P9600006358**1. Corporation Name

RIGGS & ASSOCIATES, P.A.

Principal Place	of Business	Mailing Address	Mailing Address			
431 E. HORATIO AVE MAITLAND FL 32751 IIS		421 E. HORATIO AVE MAITLAND FL 32751				DO NOT WRITE IN THIS SPACE
US		US				3. Date Incorporated or Qualifed
<u> </u>	(0)	2a Mailing Addroop				01/22/1996 4. FEI Number Applied For
	ace of Business					59-3355251 Not Applicable
	Bax 2167	26 P 13 - X & Suite, Apt. #, etc.				\$8.75 Additional
Suite, Apt. :	ε, etc					5. Certificate of Status Desired Fee Required
22	City & State City & State					6. Election Campaign Financing 55.00 May Be
	linter park FL 28 Winter Park			F		Trust Fund Contribution Added to Fees
23 كا <u>كا</u> Zip				ry —		8. This corporation owes the current year Intangible
- ه 3 آ		29 32-790 30	lu	SA	ī	Personal Property Tax.
<u>سور 24</u>	9. Name and Address of Currer		, _ _		·	10. Name and Address of New Registered Agent
			8	1 1	Name	
LANDIS, DAVID M				, او	Stroot Add	dress (P.O. Box Number is Not Acceptable)
225 E ROBINSON ST SUITE 600				82 Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32802			83			
•				14 (Oit.	85 Zip Code
					City	FL ' '
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was authorations of, Section 607.0505, Florida	Statute	es.	e corporati	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
-	Signature, typed or printed name of registered age			jent sk	gnature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.			1.1 TITLE	13.		DPST XChange Addition
TITLE	DPST	DELETE	1.2 NAME		_	RIGGS, JULIEM
NAME	RIGGS, JULIE M					P.O. 00x 2167
STREET ADDRESS	431 E. HORATIO AVE		1.3 STRE			
CITY-ST-ZIP	MAITLAND FL	□ DELETE	1.4 CITY- 2.1 TITLE		.IP	Change Addition
TITLE		- OLLETE				~_
NAME			2.2 NAMI		200500	
STREET ADDRESS			2.3 STRE		- 1	
CITY-ST-ZIP		DELETE	2.4 CITY 3.1 TITLE		ZP	_ ☐ Change . ☐ Addition
μιτε		المراق المراق المراق	3.2 NAMI			
NAME			3.3 STRE		nnoess	
STREET ADDRESS			3.4. CITY			
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.1 TITLE		ZIF	Change Addition
TITLE			4. 2 NAM			
NAME I			4.3 STRE		DDDE66	•
STREET ADDRESS			4.4 C/TY			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		-	☐ Change ☐ Addition
			5.2 NAM		1	
NAME erocet addocese			5.3 STRE		DORESS	
STREET ADDRESS			5.4 CITY			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME		_	6.2 NAM	ΙE		
STREET ADDRESS			6.3 STRE	EET AI	DORESS	

CITY-ST-ZIP 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



401-263-5573

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90051 047 ***150.00