

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


FILED

Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90095 026 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000011189					
1. Corporation Name GEORGE O. SAILE & ASSOCIATES, INC.					
Principal Place of Business 1147 EDGEWATER CIRCLE BRADENTON FL 34209			Mailing Address 1147 EDGEWATER CIRCLE BRADENTON FL 34209		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0640977	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent JOHNSON, DAVID P ESQ. 2201 RINGLING BLVD. STE 104 SARASOTA FL 34237			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME GEORGE O. SAILE					
1.3 STREET ADDRESS 1147 EDGEWATER CIR					
1.4 CITY-ST-ZIP BRADENTON FL					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME VP ACKERMAN, STEPHEN B					
2.3 STREET ADDRESS 21 CONNELLY DRIVE					
2.4 CITY-ST-ZIP STAATSBURG NY 12580					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME D ACKERMAN, ELIZABETH L					
3.3 STREET ADDRESS 21 CONNELLY DRIVE					
3.4 CITY-ST-ZIP STAATSBURG NY 12580					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 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.

SIGNATURE:

George O. Saile
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99 *941-795-2725*
Date Daytime Phone #

CR2E034 (1/1/98)