## -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 # P96000027338

THE CORPORATE ADVISORY GROUP OF FLORIDA, INC.

Principal Place of Business

Mailing Address

## **FILED** Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90013 049 \*\*\*150.00



21   26   65-0667066   Not   21   26   65-0667066   Not   22   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   22   City & State   City & State   G. Election Campaign Financing   \$5.00   23   28   30   Trust Fund Contribution   Added to   24   Zip   Country   Zip   Country   8, This corporation owes the current year Intangible   24   Personal Property Tax.   All Yes   25   Zip   Zip   Country   8, This corporation owes the current year Intangible   24   Personal Property Tax.   All Yes   25   Zip   Zip   Street Address of New Registered Agent   30   Name and Address of New Registered Agent   31   Name   32   Street Address (P.O. Box Number is Not Acceptable)   33   Street Address (P.O. Box Number is Not Acceptable)   34   City   FL   85   Zip C   35   Zip C   Street Address (P.O. Box Number is Not Acceptable)   35   Street Address (P.O. Box Number is Not Acceptable)   36   Street Address (P.O. Box Number is Not Acceptable)   37   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 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   Signature, hyad or printed name of registered agent and this if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	quired May Be o Fees No Code registered
Suite, Apt. #, etc.    Suite, Apt. #, etc.	dditional quired May Be o Fees  No  No  Code registered gistered
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   South   Sou	quired May Be o Fees No Code registered
City & State  Country  Zip  Country  Zip  Country  Sip Country  Country  Sip Country	No No Code registered gistered
23   Zip   Zip   Zip   Country   Zip   Country   Zip   Country   S. This corporation owes the current year Intangible   Personal Property Tax.   Yes	No No Code registered gistered
Zip Country Zip Country Zip Country 3	Code registered gistered
24	Code registered gistered
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  FL 85 Zip C  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 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 regagent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  TITLE ST DELETE 1.1 TILE  GLUCK NUNN, WENDY  STREET ADDRESS  SUGARLOAF KEY FL  1.3 STREET ADDRESS  SUGARLOAF KEY FL  1.4 CITY-ST-ZIP  Change	registered gistered
NUNN, ROY M 16763 EAST POINT DRIVE SUGARLOAF KEY FL 33042-3514  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip C  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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE  ST  NAME  GLUCK NUNN, WENDY  1.3 STREET ADDRESS  CITY-ST-ZIP  SUGARLOAF KEY FL  1.4 CITY-ST-ZIP  NAME  NUNN, ROY M  STREET ADDRESS  16763 E POINT DR  16763 E POINT DR  22 NAME  STREET ADDRESS  16763 E POINT DR  23 STREET ADDRESS  16763 E POINT DR  23 STREET ADDRESS  16763 E POINT DR  23 STREET ADDRESS  16763 E POINT DR	registered gistered
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CITY-ST-ZIP	
Change 6.1 TILE Change	Addition
TITLE         DELETE         6.1 TITLE         Change           NAME         6.2 NAME	Addition

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this antique 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 torporation or the receiver or trustee empowered to accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an attachment with an address with all other like empowered.