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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000027526

Principal Place of Business

DEAN MONTGOMERY ASSOCIATES, INC.

12360 66TH ST	N	12360 66TH ST N					-		
A-4   Largo FL 3377	23	A-4 LARGO FL 33773				DO NOT WRITE IN THIS SPACE			
US	3	US				3. Date Incorporated or Qualifed			
•••						03/25/1996			
Principal Place of Business     2a. Mailing Address						4. FEI Number		Applied For	
<u> </u>	F .	Address			59-3378042	<u> </u>	lot Applicable		
21		Suite Act # etc				\$8.75 Additional			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Required	
22		27 City & State						<del></del>	
City & State	8	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
23		28	· · · · · · · · · · · · · · · · · · ·					to rees	
Zip	Country	Zip	_	nuy		8. This corporation owes the current year Inta	ingizie Xi Yes	□No	
24	25	29	30	ı —		Personal Property Tax.			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent		
MONTGOMERY, DEAN				81	Name	·			
				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
12360 66TH ST N. V-3						4. N. #1 1825 7 7221187 18585 NOVES	. rept.	-11-11-11-11-11-11-11-11-11-11-11-11-11	
LARGO FL 33773			83			事時的			
				84	City	14.147.1487.241.141.151.451.451.4	85 Zir	Code	
				**	City	FL		. 5555	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									
12.	OFFICERS AND		13.	_		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	
TITLE	P	☐ DELETE	1.1 11	TLE	"	554 \$ 0 FORT	☐ Change		
NAME	MONTGOMERY, H. DEAN JR.		1.2 N	AME				`	
	12360 66TH ST N., V-3				ADDRESS			1	
STREET ADDRESS	LARGO FL 33773			TY-SI					
CITY-ST-ZIP	LANGO FL 33773	☐ DELETE	2.1 TI		1-219		Change	Addition	
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STREET ADDRESS					ADDRESS			}	
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6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

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.

**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 

02-18-1999 90022 041 \*\*\*150.00