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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P9600036938**

1. Corporation Name)		
DAVID CUNDY & ASSOCIATES, P.A.							
ט טוואט ט	ONDI & AGGOGIATES, I A.				4 10021001 110 1010 BAIL BAIL BOIL BOIL ADIL!	### 1711 # #155 # 1 #1#	
Principal Plac	e of Business	Mailing Address					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5900 N ANDRE	WS AVENUE	P.O. BOX 24080			ĺ		
SUITE 802 SUITE 802					DO NOT WATE IN TO	110 ODAGE	
FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33307-400			17- 408 0		DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed 04/25/1996		
Principal Place of Business Address Address					4. FEI Number	Ap	plied For
21 26				65-0691464		t Applicable	
Suite, Apt. #, etc. Sui		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired ~	\$8.75 A	
	ity & State City & State				6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added to	
Zip			Country	ı	 This corporation owes the current year Personal Property Tax. 		□No
24	25 25 O Name and Address of Current		<u>50 </u>		10. Name and Address of New Registers		
9. Name and Address of Current Registered Agent				Name	10. Haile and Address Of New Negisters	A Agent	
SHORE, MARK H			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
320 S.E. 9TH STREET FORT LAUDERDALE FL 33316							
ron	I ENODERDALL I E 30310		83			·	
			84	City	· F	L 85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above					rporation 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							gister e u
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: E	Pagistered Ager	nt signature requi	rred when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE			1.1 TITLE			∴ Change	Addition
NAME	CUNDY, DAVID L		1.2 NAME	(:
STREET ADDRESS	ACTE MODITA PEDEDAL MICHINARY THIRD PLOOD		1.3 STREE	ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 14		1.4 CITY-S	T-ZIP			
TITLE	☐ DELETE 21T		2.1 TITLE	• 1		Change	Addition
NAME	228		2.2 NAME	J			
STREET ADDRESS	2.33		2.3 STREET	T ADDRESS			
CITY-ST-ZIP	2.		2.4 CITY-S	ST-ZIP	<u> </u>	.	
TITLE	☐ DELETE 3.1		3.1 TITLE)		Change	Addition
NAME	3.2		3.2 NAME	(
STREET ADDRESS	3.		3.3 STREET	TADDRESS			
CITY-ST-ZIP			3.4. CTTY-S	5T-21P			
TITLE	l e		4.1 TITLE	l		Change	Addition
NAME			4. 2 NAME			-	
STREET ADDRESS			4.3 STREET	[ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			- Addition
TITLE			5.1 TITLE 5.2 NAME)		☐ Change	☐ Addition
NAME				TARRESCO			İ
STREET ADDRESS				TADORESS)			
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S	1-217		☐ Change	Addition
TITLE			6.2 NAME				, 10000011
NAME			6.3 STREET	LAUDRESS	·		İ
SINCE ADDRESS			6.4 CITY-S	ļ			
CITY-ST-ZIP			0.4 CH 1-3	1- CIF			

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 receive this leport 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 elements.

SIGNATURE:

IGN TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-99 954-

954-771-5799