

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

FILED  
Sep 07, 1999 8:00 am  
Secretary of State

09-07-1999 90002 021 \*\*\*550.00

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Corporation Name  
KUIPER & ASSOCIATES, INC.

Principal Place of Business

~~2 S. ORLANDO AVE.  
SUITE 100  
MAITLAND FL 32751~~

Mailing Address

~~800 S. ORLANDO AVE.  
SUITE 100  
MAITLAND FL 32751  
US~~

DO NOT WRITE IN THIS SPACE

Principal Place of Business

427 SPRING VALLEY LN  
Suite, Apt. #, etc.

2a. Mailing Address

26 ← SAME  
Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS FL

Zip Country  
32714 25 USA

City & State

28  
Zip Country

29 30

3. Date Incorporated or Qualified

05/03/1996

4. FEI Number

59-3381928

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

KUIPER, BRUCE A.  
800 PALMER AVENUE  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

427 SPRING VALLEY LN

83

84 City

ALTAMONTE SPRINGS

FL

85 Zip Code

32714

I, 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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. NAME ☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. NAME ☐ DELETE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. NAME ☐ DELETE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. NAME ☐ DELETE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. NAME ☐ DELETE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. NAME ☐ DELETE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. NAME ☐ DELETE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. NAME ☐ DELETE

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I, 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)