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 # P96000044119

SUE BOYES & ASSOCIATES, INC.

002 001	20 4 1000011120, 1110								
Principal Place	of Business	Mailing Address			j		•		
4175 EAST BAY DRIVE 4175 EAST BAY DRIVE									
SUITE 215 SUITE 215			27/11	/	_	- DO NOT WRITE	E IN THIS SPAC	CE -	٠٠ ٠٠
CLEARWATER FL 34624 33764 CLEARWATER FL 3467			5167			ncorporated or Qualifed			
		a. Mailing Addross			4. FEI Nu			Appl	ied For
2. Principat Pl	ace of Business	2a. Mailing Address				85489			Applicable
21		Suite, Apt. #, etc.					\$!	3.75 Ad	Iditional
Suite, Apt. i	#, etc.	├ ¬ ' ' '			5. Certifo	ate of Status Desired		Fee Req	uired
22		City & State			6 Flectio	n Campaign Financing	_ \$	5.00 M	lay Be
City & State	?	<u>⊢</u> , ′				Fund Contribution	1 1	Added to	• 1
23	Country	Zip	Country	<u> </u>	8 This co	orporation owes the curre	nt year Intangil	le	
— ^{Zip}				•		nal Property Tax.	į X γ	/es[□No
24	9. Name and Address of Curre		, T		10. Name	and Address of New Ro	egistered Ager	ıt	
	9. Name and Address of Curre	III Negistered Agent	81	Name			•		
BOY	es, sue		-			Norther is Not Assental	nle)		
	EAST BAY DRIVE		82	Street	Address (P.O. Bo)	x Number is Not Acceptat	ne)		
	E 215		83	3					,
CLEA	ARWATER FL 3 4824 33764	•						1 = 5	-1-
CLL	THIRIENTE GROEF G = 10 /		84	City			FL 85	1 450	124
SIGNATURE	Signature, typed or printed name of registered ag	ND DIRECTORS	Registered Age	ent signature i	required when reinstating	ONS/CHANGES TO OFF		IRECTOF Change	RS IN 12
TITLE	PTD	☐ DELETE	1,1 TITLE				ت	Change	
NAME	BOYES, SUE E		1.2 NAME	i .	1				
STREET ADDRESS	4175 EAST BAY DRIVE #215		1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33764		1.4 CITY-	ST-ZIP		·		Channa	Addition
TITLE	SD	☐ OËLETE	2.1 TITLE				٠ <u>.</u> 🗀	Change	- Addition
NAME	BOYES, WILL W		2.2 NAME	<u>:</u>	1		•		
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CITY-ST-ZIP	CLEARWATER FL 33764		2.4 CITY	-ST-ZIP				<u> </u>	
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NAME			6.2 NAM	E					
1	1		63 STD	EET ADDRESS	s I				

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. C/TY-ST-Z/P

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90035 034 ***150.00