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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

FILED Apr 02, 1999 8:00 am Secretary of State 04-02-1999 90073 041 ***150.00

1. Corporation	MENT # P96000 & ASSOCIATES, P.A.	048808							
Principal Place	o of Rusinose	Mailing Address	····			-	I ODIJI ODIJI DI		
		4209 BAYMEADOW	is Bu						
4209 BAYMEAD(STE. 2	OWS HU.	STE. 2	S NU.			1			
JACKSONVILLE	FL 32217	JACKSONVILLE FL	32217			DO NOT WRIT	E IN THIS	SPACE	
US		US				3. Date Incorporated or Qualifed			(
- Director 1 O	de la Companya de la	2a, Mailing Addre			-	06/01/1996 4. FEI Number		TAnn	lied For
-	lace of Business	2a. Mainig Addre	:55			59-3380782		_ 	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #,	etc.					\$8.75 A	
22		27				5. Certifcate of Status Desired		Fee Rec	quired
City & State	e ·	City & State				6. Election Campaign Financing		\$5.00 1	May Be
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	_	untry		8. This corporation owes the curre	ent year Inta		ا ا
24	25	29	30	1		Personal Property Tax. 10. Name and Address of New R	aniatarad .		□No
	9. Name and Address of Curren	it Registered Agent		81	Name	10. Name and Address of New N	egistereu	Agent	
HUN	TER, LEWIS B JR								
4209 BAYMEADOWS RD.				82	Street Address (P.O. Box Number is Not Acceptable)				
STE.				83					
JACH	KSONVILLE FL 32217	`						T=1 7:- 0	
				84	City		FL	85 Zip C	ode
office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations of the state in the state	of Florida, Such chanc	ie was authorize	a ov u	-named corpo he corporation	ration submits this statement for the n's board of directors. I hereby accep	purpose of t the appoir	changing its r ntment as reg	registered istered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registere	d Agent	signature required	when reinstating)	DATE		
12.	05510500.11		13.			ADDITIONS/CHANGES TO OF			25 IN 12
	OFFICERS AN	ID DIRECTORS	13.	·		ADDITIONS/CHANGES TO OFF	FICERS AN		
TITLE	D .	ID DIRECTORS		TLE		ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition
	D . HUNTER, LEWIS B JR	□ DE	LETE 1.1 T			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D . HUNTER, LEWIS B JR 4209 BAYMEADOWS RD., STE.	□ DE	1.1 T 1.2 N 1.3 S	TTLE JAME TREET	ADDRESS	ADDITIONS/CHANGES TO OFF	FICERS AN		
TITLE NAME	D . HUNTER, LEWIS B JR	□ DE	1.1 T 1.2 N 1.3 S 1.4 C	ITLE JAME TREET / CITY-ST-	Y	ADDITIONS/CHANGES TO OFF	FICERS AN	☐ Change	☐ Addition
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6.4 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.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #