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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90065 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000055003

1. Corporation Name
PAUL J. REARDON & ASSOCIATES, INC.

Principal Place of Business: 7000 BEACH PLAZA APARTMENT 1002 ST. PETE BEACH FL 33706
 Mailing Address: 7000 BEACH PLAZA APARTMENT 1002 ST. PETE BEACH FL 33706

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21. **SAME AS ABOVE**
 Suite, Apt. #, etc.
 22. City & State: 23. Zip: 24. Country: 25.
 2a. Mailing Address: 26. **SAME AS ABOVE**
 Suite, Apt. #, etc.
 27. City & State: 28. Zip: 29. Country: 30.

3. Date Incorporated or Qualified: **06/27/1996**
 4. FEI Number: **59-3384769** 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
SHeldon, ROBERT
1102 PASS A GRILLE WAY
ST. PETE BEACH FL 33706

10. Name and Address of New Registered Agent
 81. Name: **SAME AS BEFORE**
 82. Street Address (P.O. Box Number is Not Acceptable):
 83. City:
 84. City: **FL** 85. Zip Code:

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DPT	
NAME	REARDON, PAUL J	
STREET ADDRESS	7000 BEACH PLAZA, APT 1002	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
TITLE	DVS	
NAME	REARDON, PAULINE R	
STREET ADDRESS	7000 BEACH PLAZA, APT 1002	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP	NONE		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS	NONE		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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: **Paul J. Reardon, President** 4/13/99-727-367-7421
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)