

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90248 044 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P96000072389

1. Corporation Name
PAIR & ASSOCIATES, INC.



Principal Place of Business
**1074 FORT PICKENS ROAD
 #14 LAKESIDE DR
 PENSACOLA BEACH FL 32561
 US**

Mailing Address
**P.O. BOX 12083
 #14 LAKESIDE DR
 PENSACOLA FL 32590
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **#14 Lakeside Dr**
 Suite, Apt. #, etc.
 22
 City & State
 23 **Pensacola Fl.**
 Zip Country
 24 **32507** 25 **Escalier**

2a. Mailing Address
 26 **P.O. Box 12083**
 Suite, Apt. #, etc.
 27 **#14 Lake Side Dr**
 City & State
 28 **Pensacola**
 Zip Country
 29 **32590** 30 **Escalier**

3. Date Incorporated or Qualified
08/26/1996

4. FEI Number
59-3407004 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
**PAIR, JOSEPH Z
 1074 FT PICKENS RD
 #14 LAKESIDE DR
 PENSACOLA BEACH FL 32561**

10. Name and Address of New Registered Agent

81 Name **Joseph Z Pair**

82 Street Address (P.O. Box Number is Not Acceptable)
#14 Lake Side Dr

83

84 City **Pensacola** FL 85 Zip Code **32507**

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 **Joseph Z Pair** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	PAIR, JOSEPH Z
STREET ADDRESS	1074 FORT PICKENS ROAD
CITY-ST-ZIP	PENSACOLA BEACH FL 32561
TITLE	D <input type="checkbox"/> DELETE
NAME	PAIR, BART S
STREET ADDRESS	1014 SO PETERSON
CITY-ST-ZIP	FT COLLINS CO 80524
TITLE	D <input type="checkbox"/> DELETE
NAME	PAIR, BRIT M
STREET ADDRESS	1014 SO. PETERSON
CITY-ST-ZIP	FORT COLLINS CO 80524
TITLE	D <input type="checkbox"/> DELETE
NAME	PARI, MATTHEW
STREET ADDRESS	P.O. BOX 12083 N/A
CITY-ST-ZIP	PENSACOLA FL
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joseph Z Pair
1.3 STREET ADDRESS	#14 Lakeside Dr
1.4 CITY-ST-ZIP	Pensacola Fl. 32507
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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: **Joseph Z Pair** **Joseph Z Pair** 4/20/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)