Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90149 034 \*\*\*150.00

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

Mailing Address

1455 TALLEVAST RD.

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000080449

Principal Place of Business 1455 TALLEVAST RD.

-GAIL L. BAIRD & ASSOCIATES, INC.

Access USA

SARASOTA FL 34243   US			SARASOTA FL 34243 US			DO NOT WRITE IN THIS SPACE	
00		00				3. Date Incorporated or Qualifed	
						09/27/1996	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				65-0701659 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Additional	
22		27				Fee Required	
City & State	9	City & State	City & State			6. Election Campaign Financing \$5.00 May Be	
23	3 28					Trust Fund Contribution Added to Fees	
Zip	Country	Zip				8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax.  Yes No	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
OUREDOTEIN DAVID M				81	Name		
SILBERSTEIN, DAVID M				82	Street	Address (P.O. Box Number is Not Acceptable)	
720 SOUTH ORANGE AVENUE					7.		
SAR	ASOTA FL 34236		83			·	
				84	City	85 Zip Code	
						FL j i	
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.							
j							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require-							
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>oro</del> secretary	☐ DELETE	1,1 T	ITLE		☐ Change ☐ Addition	
NAME	BAIRD, GAIL		1.2 N	AME		, i	
STREET ADDRESS	4712 OCEAN BLVD.		1.3 S	TREE	ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34242		1.4 0	ITY-S	T-ZIP		
TITLE	<b>1</b>	☐ DELETE	2.1 T	ITLE		Preside It > CEO Dichange   Addition   Baird, Eric R.  a601 Jefferson Circle Sarasota, FL 34243	
NAME	BAIRD, ERIC R	<b>*</b>	2.2 N	IAME		Baird, Eric Ki	
STREET ADDRESS	-2061-JEEFERSON CIRCLE	<del>-1</del> >	2.3 S	TREET	ADDRESS	2601 Jefferson circle	
CITY-ST-ZIP	SARASOTA FL 34239	7		CITY-S		Saranta, FL 34243	
TITLE		☐ DELETE				☐ Change ☐ Addition	
NAME			3.2 N	IAMÉ			
STREET ADDRESS			3.3 S	TREET	ADDRESS		
CITY-ST-ZIP			3.4. 0	CITY-S	T-ZIP		
TITLE		☐ DELETE				☐ Change ☐ Addition	
NAME			4.21	NAME			
STREET ADDRESS			4.3.5	TREE	FADDRESS		
CITY-ST-ZIP				XTY-S			
TITLE	<u> </u>	☐ DELETE				☐ Change ☐ Addition	
NAME				AME			
STREET ADDRESS			5.3 S	TREE	TADDRESS		
CITY-ST-ZIP			5.4 0	CITY-S	T-ZIP		
TITLE		☐ DELETE		TILE		☐ Change ☐ Addition	
NAME		<del>-</del> <del></del>		IAME			
STREET ADDRESS			6.3 5	TREE	ADORESS		
				ITY-S			
CITY-ST-ZIP			0.40				

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.