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 # P96000091243

BYRNE & MOORE ASSOCIATES, INC.

Original Dise	a of Duninger	NA	ailing Address						
Principal Place			-				•		
5950 IMPERIALI MULBERRY FL			50 IMPERIALAKES BLVD JLBERRY FL 33860				DO NOT WRITE IN	THIS SPACE	
							3. Date Incorporated or Qualifed 11/06/1996		
2 Principal P	lace of Business	2a	Mailing Address				4. FEI Number	/	Applied For
Z. Pililcipai F	lace of business	26	3				59-3436271		Not Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional
¬ ' '	,, 500	27					5. Certificate of Status Desired	Fee F	Required
City & Stat	le .	+	City & State				6. Election Campaign Financing		0 May Be
23	•	28	•				Trust Fund Contribution	Adde	d to Fees
Zip	Country	1	Zip		ıntry		8. This corporation owes the current ye		
24	25	29		30			Personal Property Tax.	☐ Yes	No
	9. Name and Address of Current	Regi	stered Agent				10. Name and Address of New Regist	ered Agent	 ·
	the second second		•		81	Name	•		•
CHRITTON, CHARLES P 5300 SOUTH FLORIDA AVENUE				82 Street Ad		Street Add	Idress (P.O. Box Number is Not Acceptable)		
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LAK	ELAND FL 33813				83				
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						Ť	poration submits this statement for the purpoint's hoard of directors. I hereby accept the	FL	·
SIGNATURE	Signature, typed or printed name of registered agent		ун арринати	Registered		t signature require	ad when reinstating), (1) ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12
12.	OFFICERS ANI	D DIR	DELETE	1,1 Ti				Chang	
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NAME	MOORE, JAMES A				IAME	ADODESS		•	
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6.2 NAME

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

SIGNATURE:

NAME

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90030 043 ***150.00