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

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90059 044 ***150.00

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OBJECT ASSOCIATES, INC.

ODJECT	AUGUOIATEO, ING.						
Principal Place	e of Business	Mailing Address			P INESTRACT CLE PRINT DEFET DREET DREET DRIET DRIET	11 4 (3 11 4 1811) 4911 8	
2660 MEGAN CT 31115 U.S. 19 NORTH PALM HARBOR FL 34684 PALM HARBOR FL 34684			DO NOT WRITE IN TH	HIS SPACE			
US					3. Date Incorporated or Qualifed		
					12/09/1996		
2 Principal P	lace of Business	2a. Mailing Addres			4. FEI Number	Apr	olied For
·	Iace of Business	└	1		59-3413995		Applicable
21	# -1-	26 2660 1 Suite, Apt. #, 6		<u>. </u>	39 34 13995	\$8:75 A	
Suite, Apt.	#, etc. ·	├ ──	nc. •		5. Certificate of Status Desired	Fee Red	
City & Stat		City & State			6 Florion Compaign Finopping	\$5.00	
<u> </u>	e ,	$\vdash \cap \cap \cup \cup$	lacher	E)	6. Election Campaign Financing Trust Fund Contribution	Added to	, ,
Zip	Country	Zip Zip	Count		8. This corporation owes the current year		7,000
⊢ ′	<u> </u>	— ~ ;	30	,	Personal Property Tax.		□No
24	9. Name and Address of Current	29 Pagistored Acept	[30]		10. Name and Address of New Register		
 -	5. Name and Address of Current	Registered Agent		31 Name	-1. 1 11 1		
HAR	TNEY, ELIZABETH		L		litabeth Hartney		
1	CEDAR WAXNING CT		3	Street Add	ress (P.O. Box Number is Not Acceptable)		
	M HARBOR FL 34683		l _a	B3	TAPPLETON CT.		
,	THURST IE GIGGS			-~			
				64 City Pa	In Harber F		83
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	Signature, types or printed name of registered egent	title if applicable.	NOTE: Registered A	A. Harto		7.7	
12.	OEICERS AND		13.	3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	Р	☐ DEL	.ETE 1.1 TITL	£		Change	Addition
NAME	VAN DOREN, N RICHARD		1,2 NAM	ne Ì			-
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CITY-ST-ZIP	PALM HABOR FL 34683	[] DEI				Change	Addition
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CITY-ST-ZIP TITLE NAME	·	DEI	4.4 CITY LETE 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY	F-ST-ZIP E ME EET ADDRESS (-ST-ZIP		Change	Addition

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 cath; 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

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