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

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000034356

PFERSICH & WOLFSON CONS	ULTANTS, INC.			
Principal Place of Business	Mailing Address			
1400 S.W. 80TH STREET OCALA FL 34476	1400 S.W. 80TH STREET OCALA FL 34476			
2. Principal Place of Business	2a. Mailing Address	-		
21 (5	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			

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Feb	15,	1999	8:00am				
Sec	creta	ary o	f State				

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Principal Place	of Business	Ma	iling Address										
1400 S.W. 80TH STREET 1400 S.W. 80TH STREET								,					
OCALA FL 3447	34 TO 10 TO								· · · · · · · · · · · · · · · · · · ·				
								DO NOT WRI	IE IN THIS	SPACE			
							3. Date Incorporati	ted or Qualifed			1		
	李龙学						04/16/1997			·			
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number			L A	pplied For		
21	, a	26					<u>59-3444611</u>			N	ot Applicable		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certifcate of St	atue Decired	· 🗆		Additional				
22		27	27			5. Certificate of St	atus Desireu		Fee R	equired			
City & State	9		City & State		6. Election Campa	aign Financing		\$5.00	May Be				
23	•	28			Trust Fund Cor	ntribution	ш	Added	to Fees				
Zip	Country		Zip	Cour	ntry		8. This corporatio	n owes the curr	ent year Inta	angible	1		
24	25	29	·	30			Personal Property Tax. Yes No						
	9. Name and Address of Curre		ered Agent	11			10. Name and Ad	dress of New F	Registered	Agent			
					81	Name							
WOL	FSON, GARY L									<u>.</u>			
	S.E. 43RD TERRACE	2 3	: '		82	Street A	ddress (P.O. Box Numbe	r is Not Accepta	able)				
	LA FL 34471				83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		133 5 2011, 118 116	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	F80-1 80-(13)		
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	, k			Ì	84	City			T	85 Zip	Code*		
والمعاربة والوال		,	·						<u> </u>				
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 60)7.1508, Florida Statut	es, the at	by t	-named co	orporation submits this st ation's board of directors	atement for the I hereby accei	purpose of of the appoi	cnanging it ntment as r	s registered		
agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of,	Section 607.0505, Flo	rida Statı	ıtes.	ne corpor	20010 00010 01 0110010.0	,,					
_													
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if	applicable. (NOTE	Registered	Agent	signature req	uired when reinstating)		DATE	:1			
12.	OFFICERS A	ND DIRE	CTORS	13.			ADDITIONS/CH	ANGES TO OF	FICERS AN				
TITLE	DC		☐ DELETE	1.1 T/T	le.		1. 31 1.33	.	•	☐ Change	☐ Addition		
NAME	PFERSICH, GORDON J			1.2 NA	ME								
STREET ADDRESS	1400 S.W. 80TH ST			1.3 ST	REET	ADDRESS							
	OCALA FL 34476			1.4 CI	ry-st-	- <i>7</i> tP					·		
CITY-ST-ZIP TITLE	DP	-	DELETE	2.1 TIT						☐ Change	☐ Addition		
	WOLFSON, GARY L			2.2 NA							·		
NAME	-			1	2.3 STREET ADORESS			•					
STREET ADDRESS	S 1101 0101 10110 10110 10110 10110 10110 10110 10110 10110 10110 10110 10110 10110 10110 10110 10110 10110 101			ł l			•		,				
CITY-ST-ZIP	OCALA FL 34471		☐ DELETE	2. 4 CI		I-ZIP				Change	Addition		
TITLE	15 1 -		☐ DECEIE	3.1 111		ĺ			٠				
NAME				3.2 NA									
STREET ADDRESS	y to the			3.3 ST	REET.	ADDRESS	* * * * * * * * * * * * * * * * * * * *	en i Perije i	热性人指导		自動機 一部		
CITY-ST-ZIP				3.4. CI	TY-ST	r-ZIP	* <u>\$</u>	<u>. 44</u>	(1 . 2 . 3 3 4 3 .)	193, p34 9	, f, . 3 6, 2 1 2 F		
TITLE			□ DELETE	4.1 117	ΓLE		27 4 14	gri de e	NINGE ST	Change	Addition		
NAME	: -			4. 2 N	AME						ĺ		
STREET ADDRESS				4.3 ST	REET	ADORESS		-]		
CITY-ST-ZIP				4.4 CI	TY-ST	-ZIP					<u></u>		
TITLE			☐ DELETE	5.1 TII	ΓLE		.,			☐ Change	☐ Addition		
NAME				5.2 NA					Haratuwa minusi 11	resource to a second	100 To 4630 To 463055		
50 7 50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CONTRACTOR OF THE STATE OF THE			5381	REET	ADDRESS	显然性理学			对新数文			
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CHY-ST-ZIP	Control of the Contro	14.	And a file of the control of the co			- (1.	ent des la constante de la con	er verm in a sum of	5-12-12-22	- Change	Addition		
TITLE	The state of the s	S W	"A FUNCTORE	6.2 N									
NAME						************					· · [
STREET ADDRESS	1			6.3 ST	KEET	ADDRESS					ì		

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:

OF SIGNING OFFICER OR DIRECTOR

352-861-1942