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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90026 028 ***158.75

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000035576**1. Corporation Name

NAME

STREET ADDRESS CITY-ST-ZIP

JOHN PAUL ROSSER & ASSOCIATES, INC.

Principal Place	e of Business	Mailing Address					
104 CRANDON BLVD.		104 CRANDON BLVD.	104 CRANDON BLVD.			•	
#309		#309	# - # -		DO NOT WRITE IN THIS SPACE		
KEY BISCAYNE FL 33149		KEY BISCAYNE FL 33149	KEY BISCAYNE FL 33149		3. Date Incorporated or Qualifed		
					04/18/1997		
2.07		2a. Mailing Address			4. FEI Number		Applied For
<u></u> , '	lace of Business	—			65-0747337	 	Not Applicable
Suite, Apt.	# otc	Suite, Apt. #, etc.			03 0141331	587	5 Additional
Ь	#, etc.	27			5. Certifcate of Status Desired		Required
City & State		City & State		·	6. Election Campaign Financing		10 May Be
— , т	•	28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Countr	v	8. This corporation owes the cur		1
⊢	25	29	30	,	Personal Property Tax.	Yes	□No
24	9. Name and Address of Cur		1301	-	10. Name and Address of New	Registered Agent	
	There are more or our		8	1 Name			
STIC	CKNEY, TIMOTHY P ESQ.						<u>. </u>
104 CRANDON BLVD.			8:	2 Street Add	treet Address (P.O. Box Number is Not Acceptable)		
#309	9	•	8:	3	The second secon	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	G 3/4 - 1, 25
KEY	BISCAYNE FL 33149		L			付金 暴展問題	門。海陽開發
			8-	4 City		□ 1 85 Z	ip Code
45		OFD2 and CO7 1509 Florido State	tos the sho	un nomed cor	poration submits this statement for the	purpose of changing	its registered
Office or to	registered agent or both in the Sta	ate of Florida. Such change was	authorized b	the comorat	ion's board of directors. I hereby acce	pt the appointment as	registered
				y life corporati			
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505, Fl	orida Statute	S.	•	•	
agent. I as	ள் familiar with, and accept the ob	ligations of, Section 607.0505, Fl	orida Statute	S.			
agent. I a	m familiar with, and accept the ob	agent and title if applicable. (NOT	orida Statute E: Registered Ag	S.	ed when reinstating)	DATE	
agent. I at SIGNATURE 12.	m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS	ligations of, Section 607.0505, Fl agent and tale if applicable. (NOT AND DIRECTORS	E: Registered Ag	S. ent signature requin	ed when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIREC	TORS IN 12
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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 trusted 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 or an attackment with an address, with all other like empowered. SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS