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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000062505 1. Corporation Name

NOTARIES OF AMERICA, INC

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

04-13-1999 90010 018 ***150.00

	, LI						-				
Principal Plac	ce of Business	Mailing Addres		-			1				
113 MILAN ST. 113 MILAN ST.							}				
VENICE, FL. 34285 VENICE, FLORID					285						
VENTOE	, FB. 34203	VENICE,	LUKIDA	a, 34	203		DO NOT WRITE IN	THIS SI	PACE		1
							3. Date Incorporated or Qualifed				
							07/21/1997				1
2. Principal Place of Business 2a. Mailing			ng Address				4. FEI Number		<u> </u>	pplied For	-
21	H. A.	26					65-0781366			ot Applicable	-
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired			Additional equired	1
City & Sta	to .	City & State					a Florito Octobrio		-	_	1
23 28							6. Election Campaign Financing Trust Fund Contribution		•	May Be to Fees	١.
Zip Country Zip				Country			8. This corporation owes the current ye	ar Intan		1011200 11111	
24	25 29			30			Personal Property Tax.	_	y Yes	□No	
- 	9. Name and Address of Current	1,7,1		<u> </u>			10. Name and Address of New Regist	ered Ag	jent		1
				81	Nam	е					
SAUNDERS, RUTH A					Stree	t Addro	ss (P.O. Box Number is Not Acceptable)				-
113 MILAN ST.				82 Street Add			33 (1.0. Dox Hamber is Not Acceptable)				
VEI	NICE, FL. 34285			83							
				. 84	City				85 Zip	Code	1
!					,			FL			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Flo	rida Statutes,	the abov	e-name	d corpor	ration submits this statement for the purpo i's board of directors. I hereby accept the	se of ch	anging its	registered	}
agent. I a	am familiar with, and accept the obligati	ons of, Section 607	.0505, Florida	a Statutes	1118 CO1	poration	TS Board of directors. Thereby accept the	арропия	ient as ro	giatered	
SIGNATURE										_	
	Signature, typed or printed name of registered agent		(NOTE: Re		nt signatur	e required v	when reinstating) DA		DIECT(200 111 40	∫ @
12.	OFFICERS AND		DC) EXC	13.		1	ADDITIONS/CHANGES TO OFFICER		Change	Addition	R2E034 (11/98)
TITLE	P/D DELETE			1.1 TITLE				L	_l change		7
NAME	LEWIS M. SAUNDERS JR.			1.2 NAME 1.3 STREET ADDRESS							8
STREET ADDRESS	1 Jirmin Di					s					1
CITY-ST-ZIP	VENICE, FL. 34285		DELETE	1.4 CITY-S 2.1 TITLE	IT-ZIP	-			Change	Addition	6
TITLE	Λ/D			1				·	Change		-
NAME	LEWIS M. SAUNDERS 111			2.2 NAME 2.3 STREET ADDRESS							
STREET ADDRESS	408 MARQUETTE Rd. VENICE, FL. 34293			2.4 CITY-ST-ZIP							
CITY-ST-ZIP			DELETÉ	3.1 TITLE	31-ZIP	 			Change	Addition	•
NAME	S/T/D			3.2 NAME		خستانہ		تتسح		 	
STREET ADDRESS	RUTH A. SAUNDERS			3.3 STREE		s					
CITY-ST-ZIP	113 MILAN ST.			3.4. CITY-5		1					
TITLE	VENICE, FL.34285		DELETE	4.1 TITLE		+			Change	☐ Addition	1
NAME				4. 2 NAME						1	
STREET ADDRESS				4.3 STREE	T ADDRES	s					
CITY-ST-ZIP				4.4 CITY-S	T-ZIP						
TITLE			DELETE	5.1 TITLE					Change	☐ Addition	1
NAME				5.2 NAME							Ì
STREET ADDRESS				5.3 STREE	TADDRES:	s					
CITY-ST-ZIP				5.4 CITY-S	T-ZIP]
TITLE			DELETE	6.1 TITLE] Change	☐ Addition	
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREET		s					
CITY-ST-ZIP				6.4 CITY-S	T-ZIP	1					ĺ

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:

LEWISM SAUNDERS JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99

(941) 485-3029

Daytime Phone #