Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

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DOCUMENT # P9700068824

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SULLIVAN OFFICE SERVICES, INC.

	())(
Principal Place of Business	Mailing Address \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
868 PINEHURST CIRCLE	
AMARAC FL 33321	TAMARAC FL 33321 🛴

May 01, 1999 8:00 am Secretary of State

05-01-1999 90029 023 ***158.75



DO NOT WRITE IN THIS SPACE

X

3. Date Incorporated or Qualifed

NOT APPLICABLE

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

08/07/1997

4. FEI Number

SULLIVAN, KATHLEEN SULLIVAN, KAT	Zip	Country	Zip		Country		8. This corporation owes the curr	ent year Inta		_	_ 1	
SULLIVAN, KATHLEEN 6388 PINEHURST CIRCLE TAMARAC FL 33321	24	25	29	30			Personal Property Tax.		☐ Yes		□No	
SULLIVAN, KATHLEEN 6386 PINEHURST CIRCLE TAMARAC FL 33321						10. Name and Address of New Registered Agent						
TAMARAC FL 33321 S4					L		ss (P.O. Box Number is Not Accepta	able)				
State City FL State					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 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, and the statement for the purpose of changing its registered agent. The statement for 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 and the floridation of registered agent and the floridation of registered agent and the floridation of the purpose of change agent. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INC. SULLIVAN, KATHLEEN 1.5 IND. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INC. SULLIVAN, KATHLEEN 1.5 IND. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.5 IND. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INC. SULLIVAN, KATHLEEN 1.5 IND. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.5 IND. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.5 IND. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.5 IND. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.5 IND. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.5 IND. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.5 IND. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.5 IND. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.5 IND. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.5 IND. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.5 IND. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.5 IND. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.5 IND. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.5 IND. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.5 IND. ADDITIONS/CHANGES TO OFFICERS AND	******				"							
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept me applicational agent. I am familiar with, and accept the obligations of, Section 607:0905, Florida Statutes SIGNATURE Signature, typed or protein name of registered agent and tise if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INC. SULLIVAN, KATHLEEN SULLIVAN, KATHLEEN SOBE PINEHURST CIRCLE 13. STREET ADDRESS 11. ACITY-ST-2P TIME SULLIVAN, KATHLEEN SOBE PINEHURST CIRCLE 13. STREET ADDRESS 14. ACITY-ST-2P 14. ACITY-ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INC. STREET ADDRESS 22. AUME 23. STREET ADDRESS 23. STREET ADDRESS 24. ACITY-ST-2P 14. ACITY-ST-2P 15. TIME 16. ACITY-ST-2P 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. STREET ADDRESS 19. ACITY-ST-2P 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INC. STREET ADDRESS 23. STREET ADDRESS 24. ACITY-ST-2P 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INC. STREET ADDRESS 24. ACITY-ST-2P 19. ACITY ST-2P 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES ADDITIONS/CHANGES ADDITIONS/CHANGES ADDITIONS/CHANGES ADDITIONS/CHANGES ADDITIONS/CHANGES ADDITIONS/CHANGES ADDITIONS/CHANGES ADDITIONS/CHANGES ADDITIONS/CHAN						-				•		
Signative, byed or printed name of registered appell and bits if applications. (NOTE: Registered Appell adjectors required when reinstating) TILE OFFICERS AND DIRECTORS TILE PO . DELETE 1.1 TITLE SULLVAN, KATHLEEN SOBB PINEHURST CIRCLE TAMARAC FL 33321 TAMARAC FL 33321 TO DELETE 1.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 3.1 TITLE AND STREET ADDRESS STREET ADDR	office or n	egistered agent, or both, in the State of	Florida. Such cha	inge was author	rized by	the corporation	ration submits this statement for the n's board of directors. I hereby acce	purpose of on the proposition of	:nanging tment a	g its re is regi:	egistered stered	
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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	14. I hereby o	certify that the information supplied with	this filing does no	t qualify for the	exempti	on stated in Se	ection 119.07(3)(i), Florida Statutes.	I further cert	fy that t	the inf	formation am an	