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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000072735 (8)

FILED Mar 13 1998 8:00am Secretary of State

" .	GERAR		PSON & ASSOC	CIATES, IN	IC.	•						
Principal Place of Business Mailing Address										1 1901 FORT 118 1811 (1831) 09111 \$9111 08111 091	17 14 9 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1	111 01 0111 1001
3621 SW BIMINI CIRCLE N PALM CITY FL 34990 PALM CITY FL 34990 PALM CITY FL 34990										DO NOT WRITE IN T	LIG CDACE	
										3. Date Incorporated or Qualified	HIS STACE	
										08/21/1997		
	Principal P	al Place of Business			2a. Mailing Address				-	4. FEI Number		Applied For
21	Cuito Ant	te, Apt. #, etc.			Suite, Apt. #, etc.					65-0777696		Not Applicable
22	Suite, Apr. #, etc.			<u></u> ⊢¬	27					5. Certificate of Status Desired		Additional Regulred
	City & Stat	ty & State			City & State			\rightarrow	6. Election Campaign Financing		O May Be	
23	•	28)					Trust Fund Contribution		d to Fees
	Zip		Country	Z	ip	Cou	intry			8. This corporation owes or has paid the	current year l	Intangible
24			25	29		30				Personal Property Tax due June 30.	Yes Yes	□ No
			and Address of Cur	ent Register	ed Agent					10. Name and Address of New Registe	red Agent	
		MPSON, GE					81	Name				ļ
3621 SW BIMINI CIRCLE N								Street	Addres	ddress (P.O. Box Number is Not Acceptable)		
	PA	LLM CITY FI	. 34990				-					
							83					!
							84	City			- 85 Zij	p Code
				500 1007	4500 Ft - 1 - 0:-1				·		FL 80 2"	4
11.	office or r	registered ag	ent, or both, in the Sta	te of Florida	Such change was	authorize	d by	the cor	poration	ation submits this statement for the purpo is board of directors. I hereby accept the	se or changing appointment a	is registered
	agent. I a	am f a miliar wi	th, and accept the ob	igations of, S	ection 607.0505, F	lorida Sta	lutes	. .				
SIG	SNATURE	Signature Ivond	or printed name of registered	agent and little if ar	micable (NC	16 Begistere	d Age	nt signature	neguired a	when reinstating) DA	TF	
12.		OFFICERS AND DIRECTORS 13					u rigo	in organization	710q0	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITL	E ·		DELETE 1.		1.1 (1)	TLE		7	DESINEN V	Change		
NAM	1E				1.2 M		1.2 NAME C		ر ف	ERARD F. SIMPSON 621 SW Blunds Cir.	()	ſ
STREET ADDRESS						1.3 \$1	TAEET	ADDRESS	36	621 SW Blouds Circ.	√	l
CITY-ST-ZIP		<u> </u>				1.4 0		T-ZIP_	PA	hm CITY FL 34998)	
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NAME		}				2.2 N	AME					
STREET ADDRESS		ļ				2.3 \$	TREET	address	}			
	-ST-ZIP						_	T-ZIP	<u> </u>			
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NAME						4. 2 N			1			
	EET ADDRESS							ADDRESS	l			}
CITY-ST-ZIP TITLE					DELETÉ	4.4 CI 5.1 Ti		- ZIP			Change	Addition
NAME					- Otter	5.1 N					viraligo	ON
	et address	}				•		ADDRESS	ł			
	-ST-ZIP					5.4 Ci						3.13
TITLE					DELETE	6.1 Tr		- LIT	 		Channe	Addition
NAM						6.2 N/				800002456! -03/13/9801057	⊃ ~r™ -nn1	
	ET ADORESS							ADDRESS			-001	
	-ST-ZIP					6.4 CI			ł	***158.75		ì
		certify that the	information supplied	with this filing	does not qualify				ed in Se	ction 119.07(3)(i), Florida Statutes. I furthe	or certify that th	ne information

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 of 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 the properties and does not supple the statutes.

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