

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90125 021 ***150.00

DOCUMENT # P97000075223

1. Corporation Name

BRUCE NELSON AND ASSOCIATES, INC.

Principal Place of Business

4785 SOUTH CITATION DRIVE
SUITE 202
DELRAY BEACH FL 33445

Mailing Address

4785 SOUTH CITATION DRIVE
SUITE 202
DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1997

4. FEI Number

65-0791168

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 770 TARPON COVE DR.

26 770 TARPON COVE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 102

27 SUITE 102

City & State

City & State

23 NAPLES, FL

28 NAPLES, FL.

Zip

Country

Zip

Country

24 34130

25 USA

29 34130

30 USA

9. Name and Address of Current Registered Agent

NELSON, BRUCE K
4785 SOUTH CITATION DRIVE
SUITE 202
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

NELSON, BRUCE K.

82 Street Address (P.O. Box Number is Not Acceptable)

770 TARPON COVE DR.

83

SUITE 102

84 City

NAPLES

FL

85 Zip Code

34130

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 office or 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Bruce K. Nelson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/99

12. OFFICERS AND DIRECTORS

TITLE P
NAME NELSON, BRUCE K
STREET ADDRESS 4785 SOUTH CITATION DR #202
CITY-ST-ZIP DELRAY BEACH FL 33445

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

?
NELSON, BRUCE K.
770 TARPON COVE DRIVE #102
NAPLES, FL 34130

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Bruce K. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/99 941-593-9433

CR2E034 (1/98)

0401122