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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT# 1. Corporation Name

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90076 024 ***150.00

| | AHTIN & COMPANT, INC. | erice of the contract of the c | * 1 | | | |
|---|--|--|--|--|--|---------------------------------------|
| Principal Place | e of Business | Mailing Address | | | . I tablitabl ten inter tenet parte natte natte natur inter inter inter inter atten atten | |
| POST OFFICE I | BOX 7060 | POST OFFICE BOX 7060 | | | | |
| LAKE WORTH FL 33461 LAKE WORTH FL 33461 | | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualifed | | \neg |
| | | | | | 09/08/1997 | Į. |
| D. Denoinal Ci | lace of Business | 2a. Mailing Address | | | 4, FEI Number Applied For | ┥ |
| ⊢ ' | iace of Business | | | | 65-0783829 Not Applicable | |
| Suite, Apt. | # .etc | Suite, Apt. #, etc. | | | \$8.75 Additional | |
| 22 | <i>n</i> , 6.6. | 27 | | | 5. Certificate of Status Desired Fee Required | |
| City & State | 8 | City & State | | | 6. Election Campaign Financing \$5.00 May Be | ᅴ |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees | ł |
| Zip | Country | Zip | Count | try | 8. This corporation owes the current year Intangible | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registered Agent | _ |
| | NEG 01/01/07/00/150 / | • | 18 | Name / | CHRISTOPHER J. COOPER | |
| | OPER, CHRISTOPHER J | | 8 | 2 Street A | ddress (P.O. Box Number is Not Acceptable) | - |
| l . | 10TH AVE NO | | <u> </u> | | 6117 SEVEN SPGS. BLVD. | _} |
| SUIT | | | 1 | 33 💆 | 5 | İ |
| į LAKI | E WORTH FL 33463 | | 8 | 4 City | 85 Zip Code | 7 |
| ļ | | | | G | REENIACRES FL 33463 | _ |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statute | es, the about | ove-named o | corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered | |
| agent. I a | m familiar with, and accept the obligati | ons of, Section 607.0505, Flor | rida Statut | es. | autorio board of disposition includy described appearance of the registration | |
| | | | | | | |
| SIGNATURE | | | | | | - |
| SIGNATURE | Signature, typed or printed name of registered agent | | | gent signature (e | quired when reinstating) DATE | g |
| 12. | OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 12. | OFFICERS AND | | 13. | · · | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition | u = £ |
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6.4 CITY-ST-ZIP CITY-ST-ZIP 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 officer or director of the corporation or the rece Block 12 or Block 13 if changed or on an attac

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED