May 06, 1999 8:00 am Secretary of State

05-06-1999 90254 047 \*\*\*150.00

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

- PRONT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000084160

1. Corporation Name

D.W. TIPTON AND ASSOCIATES, INC.

															MM		
Principal Place of Business Mailing Address										, (64)							,,,,,
9506 SO. RED ROAD MIAMI FL 33156  9506 SO. RED ROAD MIAMI FL 33156										DC	NOT W	/RITE I	N THIS S	SPACE	Ξ		
									3.	Date Incom 09/29/1		or Qualif	ed				
Principal Place of Business     2a. Mailing Address									4.	. FEI Numb		-			$\neg$	Арр	lied For
21				26						65-078	<u> 3965                                    </u>					Not	Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5.	. Certifcate	of Status	Desired	· [	]	• -	. <b>75</b> Adee Req	dditional uired	
City & Stat	9	28	City & State					6.	Election C			<sup>rg</sup> [	]	•	.00 N		
Zip		Country		Zip	30	Country	'		8.	I. This corpo	ration ov	es the c	current	-			
24		and Address of Curre		ered Agent	100	<u>,                                     </u>			10.	). Name an			w Regi	stered A	gent		$\times$
2=0						81	ľ	Name									
OESTERLE, DOUGLAS W 9506 SO. RED ROAD						82	-	Street Addr	dress (P.O. Box Number is Not Acceptable)								
MIAMI FL 33156							L										_
	III 1 E 00 100					83											
						84	7	City						Fł	85	Zip C	ode
l office or n	eaistered ager	ons of Sections 607.05 nt, or both, in the State n, and accept the oblig	e of Florida	a. Such change	was auth	orized by	the	named corp e corporation	oratio on's b	on submits to looard of dire	nis staten ctors. I h	ent for tereby ac	the pur cept th	pose of o e appoin	hangii iment	ng its r as reg	egistered istered
SIGNATURE		r printed name of registered ag		-molinoble	AIOTC, Do	autored Asses	ni mi	gnature require	d when	oninetation)				DATE			
12.	Signature, typed di	OFFICERS A			(14012. 14	13.	ır əi	Aliamie iedane		ADDITIONS	S/CHANG	ES TO		·	DIR	ECTOF	RS IN 12
TITLE	D			☐ DELE	TE	1.1 TITLE									Ch	ange	Addition
NAME		e, douglas w				1.2 NAME		İ									
STREET ADDRESS	9506 SQ. i					1.3 STREET	ΓAD	DRESS									
CITY-ST-ZIP	MIAMI FL 3	33156				1.4 CITY-ST	T-ZI	IP									
TITLE				☐ DELE	TE	2.1 TITLE									Ch:	ange	Addition
NAME						2.2 NAME											
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TITLE				☐ DELE	TE	3.1 TITLE									☐ Cha	ange	☐ Addition
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TITLE					.16	4.1 IIILE 4.2 NAME										ungo	
NAME			,			4.2 NAME 4.3 STREET	T A D	INDESC									
STREET ADDRESS						4.4 CITY-ST											
CITY-ST-ZIP TITLE				☐ DELE	TE	5.1 TITLE	1-21	r							☐ Ch	ange	Addition
***						5.2 NAME									_	-	

14. 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 of 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

□ DELETE

☐ Change

\_\_\_ Addition