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PROFIT CORPORĂTION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

ANNUAL REPORT 1999

DOCUMENT # **P97000091461**1. Corporation Name

FILED Jan 23, 1999 8:00 am Secretary of State

01-23-1999 90012 020 ***150.00

CHRISTO	OPHER PILLAY & ASSOCIA	ATES, INCORPORATED				
Principal Place	e of Business	Mailing Address				18 (818) (141) 616)B 61161 (161 166)
11247 SAN JOS		11247 SAN JOSE BOULEVAR	9D			
JACKSONVILLE		JACKSONVILLE FL 32223			·	
					DO NOT WRITE IN TH	IS SPACE
					3. Date incorporated or Qualifed	
					10/22/1997	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3475391	Not Applicabl
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23	Country	Zip	Country		Trust Fund Contribution	Added to Fees
Zip	25	<u> </u>	30		This corporation owes the current year Personal Property Tax.	Intangible ☐Yes ☐No
24	9. Name and Address of Curre		30		10. Name and Address of New Registere	
	9. Name and Address of Curre	ent Registered Agent	81	Name	IV. Hallie and Address of Hew Augisters	a Agent
KIRC	HER, SALLY J ESQ					
	PENDENT LIFE BUILDING - SU	IITE 3303	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	INDEPENDENT DRIVE		83			3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
	(SONVILLE FL 32202				, , , , , , , , , , , , , , , , , , ,	
JACK			84	City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
11. Pursuant i	opictored agent or both in the Stat.	a of Florida. Such change was auf	thorized by	the comoratio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered pointment as registered
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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 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: