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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000102640

1. Corporation Name

RACEY	D. DOUGLAS, P.A.											
Principal Place	e of Business	Mailir	ng Address				┤ '''	:BITEBI !!B \$111 BB : U	######################################	3 HER BUILD	il yly b illi	ASBIS BBIS LAGS
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MIAMI FL 33016 MIAMI FL 33016					, -		DO NOT	WRITE IN	Tule en			
							3 Date In	corporated or Qua		-	ICE .	}
							12/05	•				-
2 Principal P	lace of Business	2a. M	lailing Address			•••	4. FEI Nui				Ag	plied For
21	lace of business	26	idining / iddi boo					98269				ot Applicable
Suite, Apt.	#. etc.		uite, Apt. #, etc.							\$	8.75	Additional
22	•	27				•	5. Certifica	te of Status Desire	ed 🗆		Fee Re	equired
City & State	e	_ c	ity & State				6. Election	Campaign Finan	ing 🗆		\$5.00	May Be
23		28					Trust F	und Contribution			Added	to Fees
Zip	Country	Zi	ip		intry		8, This co	rporation owes the	current ye			
24	25	29		30				al Property Tax.			Yes	□No
	9. Name and Address of Currer	nt Register	red Agent		04) 1	1	10. Name	and Address of N	ew Regist	ered Age	nt	
DOL	JGLAS, TRACEY D				81 1	Name						
	12 NORTHWEST 82 PLACE				82 5	Street Addr	ess (P.O. Box	Number is Not Ac	ceptable)			
	MI FL 33016											
IAIITA	WI I E 330 10				83							1
					84 (City				FL 8	5 Zip	Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida	Such change was	: authorized	ri nv tne	amed corp e corporation	oration submit on's board of d	s this statement fo irectors. I hereby	r the purpo accept the	se of char appointme	nging its ent as re	registered egistered
	an territor that, and doops are onige	ations or, or	ection 607.0505, r	-ionga Stat	utes.							
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP