## 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

## DOCUMENT # P97000104258

1. Corporation Name

PAAC, INC.

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90091 006 \*\*\*150.00



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Principal Place of Business Mailing Address							•						
34 ONDIAN BAYOU DRIVE 34 ONDIAN BAYOU DRIVE DESTIN FL 32541 DESTIN FL 32541									DO NOT WR	ITE IN TUIC	SDACE		
								3. Date incorporate			SPACE		
									ed of Qualified				
								01/02/1998 Applied For Applied For					
2. Principal Place of Business			2a. Mailing Address 26 34 Indian Bayon			1)~		59-3485	5097		H	<del>- · · ·</del>	Applicable
21 34 Indian Bayon Dre				Suite, Apt. #, etc.			-	<del></del>	017	_	¢Ω -		
Suite, Apt. #, etc.				<b>─</b>				5. Certifcate of Sta		\$8.75 Additional Fee Required			
City & State				City & State				6. Election Campa	ian Einancina	_	¢5	<u> </u>	lay Be
·				28				Trust Fund Conf				ded to	
Zip Country			Zip Country					8. This corporation owes the current year Intangible					
24	25			9 30					Personal Property Tax.				
	9. Name and Address of Current I							10. Name and Address of New Registered Agent					
	J. Harris and Ade	incop of Carron				81	Name				· · · · ·		
AMERILAWYER								hi s					
343 ALMERIA AVENUE						82	Street Add	ress (P.O. Box Number	is Not Accept	able)			
CORAL GABLES FL 33134						83				=			
						84	Oit.	· · · · · · · · · · · · · · · · · · ·		_	85	Zip Co	vde
l 						0-4	City			FL	.   03	<b>_</b> .p = .	
office or re agent. I ar	to the provisions of Segistered agent, or bo m familiar with, and a	th, in the State of I	Florida.	. Such change was a	iuthorize	d by	the corporati	poration submits this sta on's board of directors.	tement for the I hereby acce	purpose of pt the appoi	changin ntment a	g its n	egistered stered
SIGNATURE	Signature, typed or printed na	ame of registered agent an	d title if a	pplicable. (NOTI	: Registere	d Agen	t signature require	ed when reinstating)		DATE			
12.		OFFICERS AND			13			ADDITIONS/CHA	NGES TO OF	FICERS AN	ID DIRE	CTOR	
TITLE	PD			☐ DELETE	1.11	TILE					Cha	nge	☐ Addition
NAME	CONANT, BLANC	ΑE			1.2 /	IAME							
STREET ADDRESS 34 INDIAN BAYOU DRIVE					1.3 STREET ADDRESS								
CITY-ST-ZIP	DESTIN FL 3254	1			1.40	CITY-SI	r-zìP						
TITLE	SVTD			☐ DELETE	2.11	TILE		_			Cha	inge	Addition
NAME	CONANT, RICHARD			22N									
STREET ADDRESS	OA MIDIAAL DAVOLE DON'E					TREET	ADDRESS		•				
CITY-ST-ZIP	DESTIN FL 32541				2.4	CITY-S	T-ZIP						
TITLE				☐ DEFELE	3.11	MLE					Cha	inge	Addition
NAME	•				3.21	NAME							
STREET ADDRESS					3.3 5	TREET	ADDRESS						
CITY-ST-ZIP					3.4.	CITY-S	T- ZIP						
TITLE				☐ DELETE	4,11	MLE					Cha	nge	Addition
NAME					4.2	NAME							
STREET ADDRESS		•			4.3 9	STREET	ADDRESS						
CITY-ST-ZIP					_	CITY-\$	T-ZIP			_ ·			
TITLE				☐ DELETE		MLE					☐ Cha	inge	Addition
NAME						NAME							ļ
STREET ADDRESS	1				- 1		ADDRES\$						ĺ
CITY-ST-ZIP						CITY-S	T-ZIP			_			
TITLE				☐ DELETE	1	TITLE		•			☐ Cha	inge	Addition
NAME					6.21	NAME							

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP