Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90133 032 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000104272

1. Corporation Name

HAROLD	L. COWAN, CPA, P.A.							
Principal Place	of Business	Mailing Address				BONS BOISE NOUS	A III) 8 1818 11811	14010 1181 1081
-197-SOUTH-PE	BBLE BEACH BLVD.	197-SOUTH PEBBLE BEACH	BLVO.			,		
UNIT 201		UNIT-201	-	' •	1 . S.		00405	
SUN CITY GENTER FL 33573 SUN CITY CENTER FL 33573				- P-1	Incorporated or Qualife	RITE IN THIS	SPACE	
						ıa		{
- B.: : I.D.	- Charles	a Mailing Address		4. FEI	01/1998 Number			plied For
2. Principal Pl	ace of Business WTH PEBBLE BEACH BLVD	2a. Mailing Address 26 139 SOUTH PEBBI	CBONCU BINT		9-3481708	ኋ		t Applicable
Suite, Apt. 1		Suite, Apt. #, etc.	LE MIGH DEVY				\$8.75	
22 Su tte		SUITE 105		5. Cert	fcate of Status Desired		Fee Re	
City & State		City & State		s Flec	tion Campaign Financin	a	\$5.00	May Be
	ITY CENTER FL	28 SUN CITY CENT	TER FL	••	t Fund Contribution	a 🗆	Added t	. ,
Zip	Country	Zip	Country	8, This	corporation owes the cu	rrent year Inta	ingible	
24 335	73 25 USA	29 33573 3	UŠA	Pers	onal Property Tax.	_	Yes	□No
	9. Name and Address of Current	Registered Agent		10. Nan	e and Address of Nev	Registered /	Agent	
			81 Name	HAROLD	L COWAN			
	RILAWYER				ox Number is Not Acce	ptable)		
	ALMERIA AVENUE			9 5 PE	ox Number is Not Acce BEACH	BUND		
—-cor	AL GABLES FL 33134	-	83 S	UITE 10	5	,		
			<u> </u>	SUN CMM	<u> </u>	EI	85 Zip (Code
				, ,,,		<u></u>	1 1 -	~ . /
44 Diversion t	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named	comoration sub	mits this statement for the	he purpose of (changing its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	it Florida. Such change was autr	norizea dv the corbo	corporation sub oration's board o	mits this statement for the	he purpose of open the help of	changing its itment as re	registered gistered
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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 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: