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 # P98000000489

LOUIS S. BURRELL & ASSOCIATES, INC.

FILED Feb 10, 1999 8:00am Secretary of State

02-10-1999 90064 014 ***150.00



				Kan Addus -										
Principal Place of Business Mailing Address														
1002 INDIAN OAKS EAST 1002 INDIAN OAKS EAST														
HOLLY HILL FL 32117				HOLLY HILL FL 32117					DO NOT WRITE IN THIS SPACE					
									3. Date Incorporated or Qualifed					
									12/31/1997		mou			
2. Principal Place of Business 2a. Mailing Address									4. FEI Number					Applied For
⊢ `	add of Dadifiedo	26	⊢ '					I				++-	Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					59-348922)	-			Additional
22				27					5. Certifcate of S	tatus Desire	ed 🗆	1		Required
City & State	e		City & State				····	a Fination Comm	eien Finna					
<u> </u>	-	-	28					6. Election Camp Trust Fund Co	-		J	•	May Be d to Fees	
Zip Country				Zip Country							- Current v	yoar Intan		3 10 1 003
24	25			29 30				į	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No					
241	9. Name and Address of Current			1 1					10. Name and Ad		lew Regis	_		
	5. Nome and	Address of Control	it itogioti	nea rigoni		81 Name			10. 110.110 0.110 1.10		<u></u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ESSIEN, GODWIN J														
444 SEABREEZE BLVD., STE. 641						82 Street Add			ss (P.O. Box Numbe	r is Not Ac	ceptable)			
	T UNION TOW					83			· · · · · ·	7 .				
						03			÷ ,	*				
DAYTONA BEACH FL							Ci	ity		•			85 Zip	p Code
												FL		
11. Pursuant office or nagent. La	to the provisions egistered agent, m familiar with, a	of Sections 607.050 or both, in the State ind accept the obliga)2 and 607 of Florida ations of, \$	7.1508, Florida Stati	utes, the authorize lorida Sta	above ed by tatutes.	₃-na the	med corporation	ation submits this s 's board of directors	tatement for i. I hereby a	r the purp accept the	ose of chase appointment	anging i nent as	ts registered registered
SIGNATURE														
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg							gistered Agent signature required		rhen reinstating)		D	DATE		
12. OFFICERS AND DIRECTORS						13.			ADDITIONS/CH	ANGES TO) OFFICE			
TITLE	D			☐ DELETE	1.1	TITLE							Change	e 🔲 Addition
NAME	E BURRELL, LOUIS S					1.2 NAME								
STREET ADDRESS 1002 INDIAN OAKS EAST					1.3	1.3 STREET ADDRESS								-
CITY-ST-ZIP HOLLY HILL FL 32117				1.4 C			1.4 CITY-ST-ZIP							
TITLE	D			☐ DELETE	2.1	TITLE						[Change	e 🔲 Addition
NAME	BURRELL, CH	IRISTINE H			2.2	NAME								
STREET ADDRESS	STREET ADDRESS 1002 INDIAN OAKS EAST				2.3 STR			ORESS						
l j	CITY-ST-ZIP HOLLY HILL FL 32117					CITY-SI	T-ZiF	,	7 - 21.0					
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NAME					3.2	NAME								ļ
STREET ADDRESS							AOD	DRESS						į
						3.4. CITY-ST-ZIP				•		•	!	: :
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						NAME			,			_		
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STREET ADDRESS						ļ.						,		
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TITLE				- DELETE		TITLE NAME						L	7 original	, LI Addition
NAME								NDC00						
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CITY-ST-ZIP						CITY-ST	- ZIP						7 04	
TITLE				☐ DELETE								L	_ Change	e
NAMÉ .						NAME								
STREET ADDRESS					6.3 5	STREET	ADD	RESS						

CITY-ST-ZIP

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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

7-33-99 9892380 Date Daylime Pho CR2E034