## 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** 

1. Corporat	E AND ASSOCIATES, INC.	0029323							
Principal Pla	Principal Place of Business Mailing Address					1 i fattiede iff ididt talle adett abert ante erie erie erie			
4217 SE 9TH CAPE CORAL		4217 SE 9TH AVE CAPE CORAL FL 33904				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 03/27/1998			
2. Principal	Place of Business	2a. Mailing Address 26				4. FEI Number 65-0605058			
	Suite, Apt. #, etc. Suite, Apt. #				<u>چوڪي</u>	5. Certificate of Status Desired  Fe			
City & St	tate	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution Add			
Zip	Country 25	Zip	Cour	itry	•	* 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Ye			
27	9. Name and Address of Cui	rent Registered Agent		81		10. Name and Address of New Registered Agent			
RANCE, ROBERT A 4217 SE 9TH AVE CAPE CORAL FL 33904					Name Street	Address (P.O. Box Number is Not Acceptable)			
CAPE CONAL 1 E 33304				83 84	City	FL <sup>85</sup>			
office o	or registered agent, or both, in the St I am familiar with an accept the ob	ate of Florida. Such change was a ligations of, Section 607.0505, Flo	uthorized rida Statu	by ites.	the corpo	corporation submite this statement for the purpose of chengin pration's board of directors. I hereby accept the appointment is			
	Signature, typed or printed name of legistered	agent and title if applicable. (NOTE AND DIRECTORS	Registered /	Agent	t signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRE			
12.	D	DELETE		1.1 TITLE		☐ Cha			
NAME	RANCE, ROBERT A			ME					
{	STREET ADDRESS 4217 SE 9TH AVE				ADDRESS				

## FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90060 015 \*\*\*150.00



Applied For Not Applicable \$8-75-Additional Fee Required \$5.00 May Be Added to Fees

**₩**No

]	25	29	30			Personal Property Tax.	☐Yes	₩ÎNo
J	9. Name and Address of Current	<del>1 1</del>				10. Name and Address of New Regis	tered Agent	
			-	81	Name			
RANCE, ROBERT A					Stroot Add	ress (P.O. Box Number is Not Acceptable)		
4217 SE 9TH AVE					SHEEL WOO	ress (i .O. Dox raumoer is not Acceptable)		
CAP	E CORAL FL 33904			83			-	
						•	OF   7:-	Code
		·			City	the state of the s		Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with any accept the obligation	Florida, Such change was a	authorized	d by tr	named corporati	peration submits this statement for the purp on's board of directors. I hereby accept the	appointment as	registered
IGNATURE	Tollin (Ja-	and title if applicable (NOT	E: Registered	i Agent s	signature require	ad when reinstating) D.	ATE	· <u> </u>
2.	Signature, typed or printed name of legistered agent a OFFICERS AND		13.	490-11	-go.o.o.oquii	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	TORS IN 12
TLE	D	DELETE	1,1 17	TLE	1		Change	
AME	RANCE, ROBERT A		1.2 N					
TREET ADORESS	4217 SE 9TH AVE				DDRESS			
ITY-ST-ZIP	CAPE CORAL FL 33904		1.4 C	ΠY-ST-	ZiP			
MLE		☐ DELETE	2.1 TI	MLE	1		Change	e
AME			2.2 N	AME	1			
TREET ADDRESS			2.3 8	TREET	NDDRESS			
ITY-ST-ZIP			2.40	ATY-ST	ZIP			
m.e		☐ DELETE	3.1 ⊤	ITLE			Change	e 'M'Addition
AME	]		3.2 N	AME	}			
TREET ADDRESS			3.3 S	TREET	NDORESS			
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ΠLE	·	☐ DELETE	4.1 T	M.E			Change	e 🔲 Addition
AME	`		4.21	IAME				
TREET ADDRESS			4.3 S	TREET	LODRESS			
ITY-ST-ZIP			4.4 C	ΠΥ-ST-	ZIP			
MLE	***	☐ DELETE	5.1 T	ITLE		•	. Chang	e Addition
IAME .		•	5.2 N	AME				
TREET ADDRESS	-		5.3 S	TREET	ADDRESS	•		
ITY-ST-ZIP				iTY-ST-	ZIP			
ITLE		☐ DELETE	6.1 T	ITLE		•	· Chang	e
IAME			6.2 N	AME			•	
TREET ADDRESS	}		6.3 S	TREET	NDORESS			
ITY-ST-ZIP	l l			ITY-ST-				
4. I hereby of	certify that the information supplied with on this annual report or supplemental a	this filing does not qualify fundal report is transland acc	or the exe	mptio	n stated in my signatur	Section 119.07(3)(i), Florida Statutes. I furt e shall have the same legal effect as if mad	her certify that the de under oath; the	e information at 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 of on an anachment with an address, with all other like empowered.

SIGNATURE: