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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90086 041 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 998 000034262

1. Corporation Name

Associates of Florida Inc.

Technical Assoc of Fla Inc

Principal Place of Business

Mailing Address

6050 Swan Way
 Coconut Creek, FL 33073



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4-15-98

4. FEI Number

05-0826708

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes☐ No

2. Principal Place of Business

21 Same

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

Brd

29

30

Brd

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jill Stethem
 4131 NW 8 Terrace
 Pompano Bch, FL 33064

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President

Russell Voisin

6050 Swan Way

Coconut Creek, FL 33073

1.2 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Treasurer

Jill Stethem

4131 NW 8 Terr

Pompano Bch, FL 33064

1.3 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jill M. Stethem

Date

Daytime Phone #

4/28/99 954-783-7587

CR2E034 (1/1/98)