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## 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 # P98000039387

JAMES S. MUSH & ASSOCIATES INC.							A TOURISMENT THE ADDRESS CORNER CORNER CORNER CORNER CORNER TRANSPORTED THE SECOND CORNER CORNER CORNER CORNER			
Principal Place of Business Mailing Address										
636 U.S. HIGHWAY ONE SUITE 301 636 U.S. HIGHWAY ONE SUITE 30 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408							DO NOT WRITE IN THIS SPACE			
								Date Incorporated or Qualifed 04/29/1998		
Principal Place of Business     2a. Mailing Address							4. FEI Number Applied For 65 – 0830533 Not Applied For			
21		26						65-0630333		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certificate of Status Desired   \$8.75 Additional Fee Required			
City & State	City & State City & State						. 6.	Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country 25	— — ·	Zip Cou 29 30			ntry		This corporation owes the current year Intan Personal Property Tax.	gibl <del>e</del> I Yes	□No
9. Name and Address of Current Registered Agent					-		10.	Name and Address of New Registered Ag	jent	
MUSH, JAMES M 636 U.S. HIGHWAY ONE SUITE 301 NORTH PALM BEACH FL 33408					81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83					
NORTH FALM BEACHTE SOUR						City		FL	<b>85</b> 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 ag	ent and title if ap	plicable. (NOTE: Reg	istered Ag	ent s	signature require				
12. OFFICERS AND DIRECTORS 13.								ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	☐ DELETE 1.1 T			1.1 TITLE				1/10	Change	Addition
NAME	121			1.2 NAME	1.2 NAME J		Tame	es S. Mush		
STREET ADDRESS	13.5			1.3 STRE	1.3 STREET ADDRESS 6		36	U.S.Highway 1 Ste	301	
CITY-ST-ZIP								<b></b>	3408	
TITLE				2.1 TITLE	1		V/I	ט	Change	Addition
NAME	■ T			2.2 NAME				es M. Mush	_	
STREET ADDRESS	238			2.3 STRE	ETA		36 U.S.Hwy One Ste 301			
CITY-ST-ZIP	-2.17			2, 4 CITY-		-ZIP N	lori		3408	
TITLE			☐ DELETE	3.1 TITLE		1			Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STRE	ET A	ADDRESS				

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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

☐ Addition

Addition

Addition

Change

Change

☐ Change