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 # **P98000047111**1. Corporation Name

CUNNINGHAM SERVICES INC.

		_						
Principal Place	of Business	Mailing Address			\$ 10011001 to cores total mails o		()	
P.O. BOX 3097 VERO BEACH FL 32963		P.O. BOX 3097 VERO BEACH FL 32963			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
				1	05/22/1998			
2. Principal Pl	ace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number		Арр	lied For
21		26			65-083848	<u>~9 </u>		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
22		27			J. Certificate of Cauto Data II		Fee Req	<u> </u>
City & State		City & State	- -¬ ′		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			•
Zip	Country	Zip	Country		8. This corporation owes the cu	rrent year Inta		_
24	25		30		Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New		Agent	
CUNNINGHAM, ELIZABETH **PLE:7TH AVE			Li	treet Addres	ZABETH CUNNINGS s (P.O. Box Number is Not Accep			
VERO BEACH FL 32960			83		7th Ave.			
			65	Ver	o Beach FL 329	960		
			84 Cir	•		FL	85 Zip Ci	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida. Such change was a	luthorized by the (med corpora corporation	ation submits this statement for the 's board of directors. I hereby acce	e purpose or eppt the appoir	changing its r ntment as reg	egistered istered
SIGNATURE		(AIOTE	Registered Agent sign	name required w	than reinstating)	DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 12. OFFICERS AND DIRECTORS 13.				iatula radones w	ADDITIONS/CHANGES TO O		D DIRECTOR	RS IN 12
TITLE	D OFFICERS AI	DELETE	1.1 TITLE				Change	Addition
NAME	CUNNINGHAM, ELIZABETH	_	1.2 NAME	1				ļ
STREET ADDRESS	1235 28TH AVE.	•		RESS				
CITY-ST-ZIP	1500 BELOW EL 00000		1.4 CITY-ST-ZIP	1			_	
TITLE	D	☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME I			2.2 NAME					Ì
STREET ADDRESS	area acres said		2.3 STREET ADD	RESS				
CITY-ST-ZIP	VERO BEACH FL 32960		2. 4 CITY-ST-ZIP	, `	-			
TITLE	`	☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADD	RESS				
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP	,				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition

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 copporation or the receiver of 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.

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TILE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

DELETE

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90199 021 ***150.00

Change

Change

Addition

Addition