

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90010 018 ***150.00

DOCU	MENT # P98000	047585			
1	SOCIATES, LTD., INC.			_	
*)
Principal Plac	ce of Business	Mailing Address		{ LABECHARIS (ND 1919) INSIN BORN BORN BORN ORGIN BORN SERON ONLOS YORGE ONLO SPI	II ,
743 S.W. DAL	TON CIRCLE	743 S.W. DALTON CIRCLE			
PORT ST. LUC	DE FL 34953	PORT ST. LUCIE FL 34953		DO NOT WRITE IN THIS SPACE	
-			- ~	3. Date Incorporated or Qualifed.	-
2 Principal 6	Place of Business	2a. Mailing Address		05/28/1998 24-1712 4. FEI Number Applied For	\dashv
21	-lace of Business	26	•	65-0836872 Not Applicab	- a
Suite, Apt	.#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	_}
22		27 ==== City & State =====		ree Kodulieu	
City & Sta		28		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	}
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	177	<u> </u>	Personal Property Tax. Yes 10. Name and Address of New Registered Agent	႕
	9. Name and Address of Curren	r wedistelen waeur	81 Name	10, Italia dia Adalese e, Italia Regissales regent	7
DESROCHERS, JOSEPH L			82 Street Add	ress (P.O. Box Number is Not Acceptable)	\dashv
743 S.W. DALTON CIRCLE PORT ST. LUCIE FL 34953					_
Pur	11 51. LUCIE FE 34933		83		
			84 City	FL 85 Zip Code	
11. Pursuani	to the provisions of Sections 607.050	2 and 607, 1508, Florida Statute:	the above named.com	poration submits this statement for the purpose of changing its registered	= -
office or agent. I t	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida, Such change was aut tions of Seption 607.0506, Florid	nonzed by the corporati ta Statutas.	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
SIGNATURE		Kuya	legistered Agent signature require		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	∄
TITLE		☐ DEFE1E	1.1 TILE	RESTDENT CLORE Change Addition	00 E
NAME	5/2 45-Sh	mu -	12 NAME	THE D. DESKOCHERS	8
STREET ADDRESS	O(D) N) Cita	• • • • • • • • • • • • • • • • • • • •	1.3 STREET ADDRESS	PORT ST. LINIE FL. 34953	S 3 (1798) CR2E034 (11/98)
MLE	SIB AS She SIB AS Tho	☐ DELETE	21 TITLE S	PORT ST. LUCIE FL. 34953 SCTY - TREASURER Change Addit	ᇬ
NAME	S/D AP Sho	WW	22 NAME	TOSEPH L. DES ROCHERS 145 S.W. DALTON CIRCLE	}
STREET ADDRESS	7 10 113 0000		2.3 STREET ADDRESS	143 J.W. DALTON CIRCLE	ŀ
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	PORT ST. LVCIE FL. 84953	ion
NAME		_	32 NAME		
STREET ADDRESS					
CITY-ST-ZIP			13.3 STREET ADDRESS		
		Operate	3.4. CITY-ST-ZIP	☐ Change ☐ Addition	on -
NAME		☐ DELETE		☐ Change ☐ Additi	on
1		DELETE	3.4. CRY-ST-ZIP	☐ Change ☐ Addition	on
NAME STREET ADDRESS CITY-ST-ZIP			1.4. CHY-ST-ZP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
NAME STREET ADDRESS CITY- ST- ZIP		☐ DELETE	14. CRY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			1.4. CITY-ST-2P 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-2P 5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	
NAME STREET ADDRESS CITY- ST- ZIP		☐ DELETE	1.4. 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	. Change ☐ Addit	on .
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			1.4. CITY-ST-ZP 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	· · · · · · · · · · · · · · · · · · ·	on .

emption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information of that my Signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing does not quali indicated on this annual report or supplemental annual report is true and officer or director of the corporation or the receiver or trustee empowered. Block 12 or Block 13 if Changed, or on an attachment with an address, w

SIGNATURE:

STREET ADDRESS