PROFIT ... CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000059577

1. Corporation Name

BRYNN DOCKSTADER, CSR, INC.

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90036 016 ***150.00



Principal Place of Business Mailing Address								1 18811881 114 141		••••••••			•,
812 DAVIS BOULEVARD. SOUTH TAMPA FL 33606			812 DAVIS BOULEVARD. SOUTH TAMPA FL 33606										
						DO NOT WRITE IN THIS SPACE							
							3, Date	Incorporated					
					_	تعين منهايات	07/	06/1998					<u></u> -
2. Principal Pl	lace of Business	2a	. Mailing Address				4. FEI I	Number				pplied For	
21		26										lot Applical	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certi	ifcate of Statu	s Desired			Additional Required	
City & State			City & State			6. Elect	tion Campaig	n Financing		\$5.00	May Be		
23	-	28	-					t Fund Contril			Added	to Fees	
Zip	Countr		Zip	Cou	untry			corporation o		rent year In			
24	25	29		30				onal Property			Yes	□No	_
	9. Name and Addre	ess of Current Regis	stered Agent		 		10. Nam	ne and Addre	ss of New	Registered	Agent		
200	WOTADED DOVAIN				81	Name							
Dockstader, Brynn 812 Davis Boulevard, South					82	Street Add	Address (P.O. Box Number is Not Acceptable)].	
	PA FL 33606				83								
											Jac (7:-	Cada	
					84	City				FI	_ 85 Zip	Code	
44 Pursuant	to the provisions of Sec	tions 607.0502 and 6	607.1508, Florida Stat	utes, the a	± above-	named cor	rporation sub	mits this state	ment for the	purpose o	changing i	ts registere	d
office or re	to the provisions of Sec registered agent, or both im familiar with, and acc	in the State of Flori	ina iouch change was	BUUDONZE	וו עע נו	he corporat	ition's board o	of directors.	hereby acce	pt the appo	intment as i	egistered	
agent. i ai	ım tamıllar with, and acc	ept the obligations of	1, 0000011 007.0000, 1	ionae ola	itatov.		:						
SIGNATURE	Signature, typed or printed name	e of registered agent and title	if spplicable. (NC	TE: Registere	d Agent	signature requi	ired when reinstati	ng)		DATE			<u> </u>
SIGNATURE 12.		SELCEDS AND DIRE		13.	:	signature requi		TIONS/CHAN	GES TO O	DATE FICERS A	ND DIRECT	ORS IN 12	1/08)
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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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: