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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90076 033 ***150.00

DOCUMENT # P9800068801

ANTHO	NY D. GEORGE, JR., P.A.							
Principal Plac	e of Business	Mailing Address				9118 91181 IBI		E#E #8# WV
759 S.E. FEDERAL HWY STE. 219 STUART FL 34994 759 S.E. FEDERAL HWY S STUART FL 34994			E. 219		DO NOT WRITE IN T 3. Date incorporated or Qualifed 08/06/1998	i .		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	·	Apr	lied For
21		26			65-0232432		Not	Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	d \$8.75 Additional Fee Required		
City & Sta	te	City & State			6. Election Campaign Financing Trust Fund Contribution	- \$5.00 May Be Added to Fees		
Zip	Country	Zip 29 3	Countr	у	This corporation owes the current year Personal Property Tax.	r Intangible		1 146
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent		
GEORGE, ANTHONY D JR 3121 S.E. BEDFORD DR. STUART FL 34994			8:	2 Street	Address (P.O. Box Number is Not Acceptable)			
ļ			8-	4 City		EL 85	Zip C	ode
office or r agent. I a	registered agent, or both, in the State of the familiar with, and accept the obligat	and 607.1508, Florida Statutes of Florida, Such change was aut ions of Section 607.0505, Florid	the abor orized by a Statute	ve-named y the corpo s.	corporation submits this statement for the purpose pration's board of directors. I hereby a ccept the ap	of chang pointment	ing its r as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ag	ent signature r	equired when reinstating) DATE			
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	D	☐ DELETE	1.1 TITLE			i cı	hange	☐ Addition
NAME	GEORGE, ANTHONY D JR		1.2 NAME					
STREET ADDRESS	ET ADDRESS 3121 S.E. BEDFORD DR.		1.3 STREET ADDRESS					
CITY-ST-ZIP	STUART FL 34494		1.4 CITY-	ST-ZIP			hange	☐ Addition

12 ddition ddition TTLE □ DELETE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ DELETE ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. Cfty-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE ΠΤLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 6.1 TITLE □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 famous report is true and securate 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 of tustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attach mention in address with all other like empowered.

SIGNATURE:

REAND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/28/19 56,

56/ 286 220