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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90242 029 ***150.00

DOCUMENT # P98000072552

1. Corporation Name

A PLACE JUST FOR ME, INC.

Principal Plac	e of Business	Mailing A	Address ~~	- 2352-			,—~	<u></u>		•	
4565 BRADY L		4565 BRA	-				/				
PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL				L 33418				DO NOT WRI	TE IN THIS	SPACE	
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'							08/17/19				
D :	N	On Mollin	na Addrocc				4. FEI Numbe			TTAN	plied For
	Place of Business		ng Address					62082)) - 	t Applicable
21 26 Suite Apt # etc			A=+ # 646				100 00	00000	<u></u>	\$8.75	
			, Apt. #, etc.				5. Certifcate of	of Status Desired		Fee Re	
22 City & Stol	to.		& State				A Floation Co	manaian Financina		\$5.00	`
City & Stat	i e	28	R State	•				mpaign Financing Contribution		Added t	
23 Zin	Country	Zip	10	Cou	ntrv			ation owes the curr	ent year Int		
Zip		— ·		30	y			ation owes the curr roperty Tax.	ear year ma	Yes	□No
24	25 25 Name and Address of C	29	Agent	[30]	_			Address of New F	Registered		
	9: Name 2Nd Address Ci, Ci	unem registeres.	Age.m		81	Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
GUN	NOUD, SHIRL							<u> </u>			
	5 BRADY LANE				82	Street Add	iress (P.O. Box Nur	mber is Not Accepta	able)	i.	
	M BEACH GARDENS FL 334	118			83						
1.70	IN DESCRIPTION E SO	. 10			100						
					84	City			FL	85 Zip (Code
						City					
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-9

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