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 # P98000101528 1. Corporation Name

CYNTHIA	PHELPS ACCOUNTANT, IN	ICORPORATED						
Principal Place	e of Business	Mailing Address				-	A101 (100) B3110 11	1845 1811 SEDS
1975 E. SUNRISE BLVD S-758 FT. LAUDERDALE FL 33304 1975 E. SUNRISE BLVD S-758 FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304						DO NOT WRITE IN THIS 3. Date incorporated or Qualified	SPACE	
						12/01/1998		
2. Principal Place of Business 2a. Mailing Address 21						4. FEI Number 65-0879773		plied For t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75 A Fee Re	7
City & State	City & State	State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip					8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
<u></u>	9. Name and Address of Currer		•			10. Name and Address of New Registered	Agent	
			81	Name				
PHELPS, CYNTHIA 1975 E. SUNRISE BLVD., S-758			82	Stree	Addre	ss (P.O. Box Number is Not Acceptable)	•	
FT. L	AUDERDALE FL 33304		83			- A		
į.			84	City		FL	85 Zip 0	Code
11 Soursuant office or re agent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statutes, of Florida. Such change was auth tions of, Section 607.0505, Florid	the above norized by a Statutes	e-name the con	t corpor coration	ration submits this statement for the purpose of a's board of directors. I hereby accept the appo	changing its intment as re-	registered gistered
SIGNATURE						when reinstating) DATE		
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13.	it signature	required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	Deac don't	DELETE	1.1 TITLE		1		Change	☐ Addition
NAME	Cunthia L. Phel	ps in non	1.2 NAME					i
STREET ADDRESS	1975 E. Sunrise	PS Blud #758	1.3 STREET	ADDRESS	s			
CITY-ST-ZIP	Fort Lauderdale, FL	, <u>33304</u>	1.4 CITY- S1	r-zip	+.		Change	Addition
TITLE :		☐ DELETE	2.1 TITLE 2.2 NAME				Change	
NAME STREET ADDRESS			2.3 STREET	ADDRES:	;	<i>f</i>		
City-ST-ZIP			2. 4 CITY-S	T-ZIP				
TITLE		☐ DELETÉ	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			33 STREET		6			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE	T-ZIP			Change	Addition
NAME			4. 2 NAME			•	_ ,	
STREET ADDRESS			4.3 STREET	ADDRES	;			
CITY-ST-ZIP			4.4 CITY-S		\perp			
TITLE	☐ DELETE 5.1		5.1 TITLE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME		.]			ļ
STREET ADDRESS			5.3 STREET		3			
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST 6.1 TITLE	I-ZIP	+		☐ Change	☐ Addition
TITLE			62 NAME					

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 officer or director of the corporation-Block 12 or Block 13 if changed, or

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90023 010 ***150.00