## 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 # P98000103361 1. Corporation Name

FDA & AS	SSOCIATES, INC.					
Principal Plac	e of Business	Mailing Address				-
8910 NORTH DA TAMPA FL 33614	LE MABRY #27	8910 NORTH DALE MABRY #27 TAMPA FL 33614			DO NOT WRITE IN THIS SPACE	
responding the company of the second					3. Date:Incorporated or Qualifed.	
2. Principal Place of Business 2a. Mailing Address						4 FEI Number Applied For
21 26						F9-3760287 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #,						5. Certificate of Status Desired \$8.75 Additional
22						5. Certificate of Status Desired
City & Stat	City & State	3			6. Election Campaign Financing  Trust Fund Contribution  \$5.00 May Be Added to Fees	
Zip				ntry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent	,			10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				82		ess (P.O. Box Number is Not Acceptable)
				84	City	FL 85 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050; registered agent, or both, in the State im familiar with, and accept the obligat	2 and 607.1508, Florida Statute of Florida. Such change was au tions of, Section 607.0505, Flor	s, the ab thorized ida Statu	by th	named corpo ne corporation	ration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered /	Agent s	signature required	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			1.1 TM	Œ		☐ Change ☐ Addition
NAME			1.2 NA	1.2 NAME		
STREET ADDRESS			1.3 STREET ADORESS		DORESS	
CITY-ST-ZIP			_	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	<i>j</i> 2.1 ππ	LE		☐ Change ☐ Addition
-NAME		دىسىدىنى بىد سا	.2.2 NA	ME		المنيدي والمحاربين يتراكب والمحارب والمحارب والمحارب والمحارب والمحارب والمحارب والمحارب والمحارب والمحارب
STREET ADDRESS	ļ				ODRESS	
CITY-\$T-ZIP			2. 4 CF		ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITI			☐ Change ☐ Addition
NAME			3.2 NA			
STREET ADDRESS					DDRESS	
CITY-ST-ZIP			3.4. C/T		ZIP	Channe (**) Addition
IUTE			4.1 7171	UE.	1	Change Addition
NAME			4. 2 NA	AME		
STREET ADDRESS	1	•	4.3 STF	REET A	DDRESS	
CITY-ST-ZIP			4.4 CIT		ZIP	
TITLE		☐ DELETE	5. <del>1</del> TITI			☐ Change ☐ Addition
NAME			5.2 NA			
STREET ADDRESS			ŀ		DDRESS	
€ITV_ST_7ID			5.4 CIT	Y-ST-Z	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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

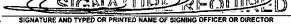
€ITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



Change

Addition

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90050 008 \*\*\*150.00