## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # S09898

HADDOCK PROFESSIONAL ASSOCIATION

Principal Place	of Business	Mailing Address			}		
3260 UNIVERSIT	Y BLVD.	3260 UNIVERSITY BLVD.					
210		210		DO NOT WRITE IN THIS SPACE			
WINTER PARK FL 32792		WINTER PARK FL 32793-5148		3. Date Incorporated or Qualified			
US	Men	US			1 **		Ì
					10/18/1990 4. FEI Number		Applied For
2. Principal Pla	ace of Business	2a. Mailing Address				<u> </u>	Not Applicable
21	·	26			59-3033564		Additional
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>7</b> - · · ·	Required
22		27					
City & State	1	City & State			6. Election Campaign Financing		<b>0</b> мау Ве
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current ye		20/10
24	25	29 30			Personal Property Tax.	∐ Yes	∑(No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent	
			{	Name			Ì
HADI	OOCK, EDWARD E., JR.		-	32 Street Ad	dress (P.O. Box Number is Not Acceptable)	1-	
3260	UNIVERSITY BLVD., #210	Prosy 1	j'	Sileet Au	uress (F.O. Box Humber to New York 1997	د <u>د میر</u> در	12
WINT	ER PARK FL 32792		la la	33	2000年代 (1) 新聞的語		言語語言し
*****			L			10 file by	p Code
			1	34 City		FL 85 Z	p Code
en out one in entrope		1 007 4500 Florido Statutos	the ab	we-named co	rporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing	its registered
11. Pursuant	to the provisions of Sections 607.0502	f Florida. Such change was auth	orized	ny the comora	tion's board of directors. I hereby accept the	appointment as	registered
				by the corpora			I
agent. I ai	m f miliar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statut	es.			1
CICALATUDE				es.	rporation submits this statement for the purptition's board of directors. I hereby accept the		
CICALATUDE	Signature, type or printed name of registered agent	and title if applicable. (NOTE: Re	egistered A	es.	ired when reinstating) OA	TE	
CICALATUDE	Signature, type or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: Ro	egistered A	es. gent signature requ	DA ADDITIONS/CHANGES TO OFFICE	TE RS AND DIREC	TORS IN 12
SIGNATURE	Signature, type or printed name of registered agent OFFICERS AND PDS	and title if applicable. (NOTE: Re	13.	es. gent signature requ	ired when reinstating) OA	TE	TORS IN 12
SIGNATURE	Signature, type of printed name of registered agent OFFICERS AND PDS HADDOCK, EDWARD E., JR.	and title if applicable. (NOTE: Ro	13. 1.1 TITL	es. gent signature requ E	DA ADDITIONS/CHANGES TO OFFICE	TE RS AND DIREC	TORS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, type of printed name of registered agent OFFICERS AND PDS HADDOCK, EDWARD E., JR. 3260 UNIVERSITY BLVD., #210	and title if applicable. (NOTE: Ro	13. 1.1 TITL 1.2 NAM	es. gent signature requ E IE EET ADDRESS (-ST-ZIP	DA ADDITIONS/CHANGES TO OFFICE	TE RS AND DIREC	TORS IN 12 ge Addition
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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.

6.4 CITY-ST-ZIP

**FILED** 

Feb 05, 1999 8:00am

**Secretary of State** 

02-05-1999 90009 049 \*\*\*158.75