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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # S11227

1. Corporation Name

ARTHUR G. HENDRICKS, C.P.A., P.A.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90191 013 ***150.00



Principal Place of Business Mailing Address					1 18811818		11f 1001 0101 1	anam asam ásam a	ILAIL ASASS LAAS
7644 CYPRESS CRESCENT 7644 CYPRESS CRESCENT					,	••			
BOCA RATON F	L 33433-4109	BOCA RATON FL 33433-4109	L 33433-4109		DO NOT WRITE IN THIS SPACE				
				-	3. Date Incorpor	rated or Qualifed			
					11/05/199				
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Ar	plied For
21 20256	N.W. 27 TERRACE	26 76 TG NW 27	th Tokkai	5	65-022396	60		No	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.						\$8.75	Additional
22		27			5. Certificate of	Status Desired	□. 	Fee Re	equired
City & State	° a C	City & State			6. Election Cam	paign Financing		\$5.00	May Be
23 Box A	RATON FL	28 BULA RATEN	FL		Trust Fund C	ontribution		Added	to Fees
Zip	Country	Zip	Country	ì	-	ion owes the cun	ent year In		<u>.</u> .
24 35434		29 35+34 30	USA		Personal Pro			☐ Yes	EQ No
	9. Name and Address of Current	Registered Agent	94 1		10. Name and A	ddress of New I	Registered	Agent	
LIENT	DRICKS, ARTHUR G		81 Nar	™⊬€√	DEICKS,	ARTHUR	G		
7644		et Addres	s (P.O. Box Numb	7					
	83	26 56	NW 77	TERRA	ALE				
ВОС	A RATON FL 33433	NOW 1002033	83						
			84 City	0	0 ,			85 Zip	Code 3+3+
			1	(Au 6-	KATON		FL	_	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	f Florida. Such change was auth	onzed by the co	ned corpora orporation'	ation submits this s board of directo	statement for the rs. I hereby acce	purpose ο pt the appα	ointment as re	gistered
agent. I ar	amiliar with, and accept the obligati	ons of, Section 607.0505/Floride	a Statutes.	1	1	-			
SIGNATURE	HRTHUR G. HENOM	445 Anti	distered Agent signat	du	<i>L</i> 1	*	3/8/	197	
	Signature, typed or printed name of registered agent			ure required wi		HANGES TO OF	EICERS A	ND DIRECTO	ORS IN 12
TITLE	PD OFFICERS AND	DELETE	13.		ADDITIONS/C	HANGES TO OF	TICENOA	Change	Addition
	HENDRICKS, ARTHUR G.	E. 0001.1	1.2 NAME						
NAME	7644 CYPRESS CRESCENT		13 STREET ANDRE	ESS 24.5	6 NW 275	TERRACE	-		
STREET ADDRESS	BOCA RATON FL		1.4 CITY-ST-ZIP	Roc	A LARON	FZ 334			Ļ
CITY-ST-ZIP TITLE	DS DS	□ DELETE	2.1 TITLE	1,500		12	<u> </u>	Change	Addition
	HENDRICKS, FRANCES		2.2 NAME						_
NAME	7644 CYPRESS CRESCENT		2.3 STREET ADDRE	500 2014	TL WW 27	the Toraco	د ة		1
STREET ADDRESS	BOCA RATON FL		2.4 CITY-ST-ZIP		RATION FZ	33434			į
CITY-ST-ZIP	BOCA HATON FL	☐ DELETE	3.1 TITLE	1302	ETION IL			Change	Addition
NAME		_	3.2 NAME	-	·				- 22
STREET ADDRESS			3.3 STREET ADDRE	ess					1
1			3.4. CITY-ST-ZIP						\frac{1}{2}
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE					[] Change	☐ Addition
NAME		_	4. 2 NAME						1
STREET ADDRESS			4.3 STREET ADDRE	ESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME		,			•	
STREET ADDRESS			5.3 STREET ADDRI	ESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE	_				☐ Change	☐ Addition
NAME			6.2 NAME						ļ
STREET ADDRESS			6.3 STREET ADORS	ESS					}
CITY-ST-ZIP			6.4 CITY-ST-ZIP						. *

14. 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: