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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

EILEEN L. MOULY & ASSOCIATES, INC.

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Principal Place of Business 290 NW 165 ST			290 NW 165 ST			•				
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N MIAMI BCH FL 33169			N MIÁMI BCH FL 33169				3. Date Incorporated or Qualifed			
US		US					01/11/1991		•	
		2n Mai	ling Address			<u>·</u>	4. FEI Number	<u> </u>	A	Applied For
—	ace of Business		ming Address				65-0238076			lot Applicable
21	# -4-	26 Suit	te, Apt. #, etc.						\$8.75	Additional
Suite, Apt. #	#, etc.	27	1011 422 111 212	•			5. Certifcate of Status	Desired	Fee F	Required:
City & State			y & State				6. Election Campaign I	inancing		May Be
23	•	28					Trust Fund Contribu	tion		to Fees
Zip	Country	Zip		Cour	ntry	·	8. This corporation own	es the current year Ir	tangible	
24	25	29		30			Personal Property T		Yes	□No
 	9. Name and Address of Curr	ent Registere	d Agent				10. Name and Address	of New Registered	Agent	
	The Stantin	37			81	Name	•			
MOU	JLY, EILEEN L NW 165 ST	19. E.F.		Ì	82	Street Addr	ess (P.O. Box Number is N	ot Acceptable)		}
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PH2					83					祖劉武是明
NM	IIAMI BCH FL 33169			ľ	84	City		EI	85 Zi	p Code
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	to the provisions of Sections 607.0 egistered agent, or both, in the Sta					-named corp	on's board of directors. I he	reby accept the app	ointment as	registered
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agent. I a	m familiar with, and accept the obli	igaliuns oi, oei	ction 607.0505, Flo	orida Statu	ıtes.					ì
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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 01, 1999 8:00am

Secretary of State

02-01-1999 90032 018 ***150.00