PROFIT CORPORATION ANNUAL REPORT

1999

Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State Katherine Harris

03-16-1999 90130 040 ***150.00

JAMES J. MCGUIRE, P.A.		
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Principal Place	e of Business	Ма	ailing Address				יים וופים יופים ופכו נופום וצונו סקוום וספוו פוו פופונקפו ו)) 6 1611	31811 \$1911 1001	
201 HEALTH PARK BLVD JAKADOFSKY BLDG. STE 216 ST AUGUSTINE FL 32086 201 HEALTH PARK BLVD JAKADOFSKY BLDG. STE 216 ST AUGUSTINE FL 32086						DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed		j	
	<u></u>		B 4 712 A 1-1				01/15/1991	 -		
	lace of Business	2a.	Mailing Address				4. FEI Number		pplied For	
21		26	O-11- A-1 # -1-				59-3050422		lot Applicable Additional	
Suite, Apt.		27	Suite, Apt. #, etc.	_			5. Certificate of Status Desired	Fee R	tequired	
City & State	<u>e</u>	28	City & State	_			1 🕶		May Be to Fees	
Zip	Country	Country Zip Coun			ý		8. This corporation owes the current year Intangible			
24	25	29	30				Personal Property Tax. Yes No			
	9. Name and Address of Curre	nt Regis	tered Agent		_		10. Name and Address of New Registered/Ager	<u>t</u>		
DE:	ACED OLIABLES E			81	1	Name			į	
	licer, charles e. Cordova St			82	†	Street Addres	ress (P.O. Box Number is Not Acceptable)			
ST A	UGUSTINE FL 32084			83	+					
				84	1	City	FL 85	Zip	Code	
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Floric	ia. Such change was autho	rized by	/ the	e corporation	ation submits this statement for the purpose of chan's board of directors. I hereby accept the appointment	ging it nt as r	s registered egistered	
SIGNATURE				•					i	
SIGNATORE	Signature, typed or printed name of registered age	ent and title i	f applicable. (NOTE: Reg	stered Age	nt si	gnature required w				
12.	OFFICERS A	ND DIRE		13.	_		ADDITIONS/CHANGES TO OFFICERS AND DI			
TITLE	PD		☐ DELETE	1.1 TITLE			U'	Change	☐ Addition	
NAME	MCGUIRE, JAMES J.			1.2 NAME						
STREET ADDRESS	201 HEALTH PARK BLVD. JAK	(ADOFS	KY BLD #216	1.3 STREE	TAC	DDRESS			1	
CITY-ST-ZIP	ST AUGUSTINE FL			1.4 CITY- 9	3T- Z	ZIP			T A description	
TITLE .			☐ DELETE	2.1 TTLE			<u>ا</u> ن	Change	Addition	
NAME				2.2 NAME						
STREET ADDRESS				2.3 STREE	TAD	DORESS			ĺ	
CITY-ST-ZIP				2. 4 CITY-	ST-Z	ZIP			- A 4 400-	
TITLE			☐ ØELETE	3.1 TITLE				Change	Addition	
NAME			-	3.2 NAME						
STREET ADDRESS				3.3 STREE	T AD	DORESS				
CITY-ST-ZIP				3.4. CITY-1	ST-Z	ZIP		~		
TITLE			☐ DELETE	4.1 TITLE			U	Change	Addition	
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREE	TAD	DORESS				
CITY-ST-ZIP				4.4 CITY-S	51-Z	ZIP				
TITLE				5.1 TITLE			LI	Change	Addition	
NAME	,			5.2 NAME						
STREET ADDRESS	,			5.3 STREE		1	_			
CITY-ST-ZIP				5.4 CITY-S	ST-Z	ZIP	·			
TITLE				6.1 TITLE		j		Change	Addition	
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	TAD	DORESS				
	l			C 4 OFF / C	~ 7	zio. I				

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.

SIGNATURE: