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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # S62976 1. Corporation Name

S. ANNETTE SKAGGS, P.A.

Principal Place	of Business	Mai	iling Address					1		<b>4</b>					
699 17TH STRE			17TH STREET												
SUITE B			SUITE B												
VERO BEACH FL 32960 VERO BEACH FL 32960							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed								
	<i>:</i>								te Incorpora 5/24/1991		alifed				
2. Principal Pl	lace of Business	2a.	Mailing Address						l Number					Appli	ed For
21		26	-					65	<u>-040961</u>	7					Applicable
Suite, Apt.		27	Suite, Apt. #, etc.	_				5. Cer	rtifcate of Si	tatus Desir	ed		·	<b>5</b> Add Regu	ditional uired
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23   Zip	Country		Zip	Co	untry			<del></del>	is corporation		e curre	nt year 1			,
24	25	29		30	•			1	rsonal Prop				∐Yes	X	No
24	9. Name and Address of Cu		ered Agent	1001	T				me and Ad		New Re	gistere	d Agent		
					81	Nan	16								
SKA	GGS, S. ANNETTE						-4-4-4	/D O	Day North	blas A		101			
	17TH STREET				82	Stre	et Addre	:SS (P.U.	Box Numbe	TIS NOT A	cceptat	ne)			
SUIT	TE B				83	,							_		
	O BEACH FL 32962												7		
					84	City						F	85 Z	ip Co	de
44 Purcuant	to the provisions of Sections 607	7 0502 and 60	7 1508 Florida Statu	tes. the	above	l e-nam	ed corpo	ration su	bmits this s	tatement fo	or the p	ournose :	of changing	its re	gistered
office or re	egistered agent, or both, in the S	State of Florida	a. Such change was a	authorize	d by	46	rporation	n's board	of directors	. I hereby	accept	the ann	ointment as	regis	stered I
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CITY-ST-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.

6.4 CITY-ST-ZIP

SIGNATURE: