**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90073 003 \*\*\*150.00

## DOCUMENT # S80647

JOHN W. MOFFITT, CPA, PA

Principal Place	of Business	Mailing Address			£ INBEIDIR IN INTIL ABITA Atric Bibit sont atout atout atout atout atout atout
					·
10 CENTRAL PARKWAY   10 CENTRAL PARKWAY   SUITE #150   SUITE #150					
STUART FL 349	194	STUART FL 34994			DO NOT WRITE IN THIS SPACE
US	~ .	US			3. Date Incorporated or Qualifed
1					09/16/1991
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0299341 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
		27 SWH 325	-		5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing 55.00 May Be
					Trust Fund Contribution Added to Fees
23 7in	Country	Zip	Country	,	8. This corporation owes the current year Intangible
Zip		<b>⊢</b>	¬ ´		Personal Property Tax.
24	25	<u> </u>	1		10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	81	Nar	ame
MOE	FITT, JOHN W.		"	1463	
J			82	Stre	treet Address (P.O. Box Number is Not Acceptable)
	CENTRAL PKWY		<u> </u>		
STE			83		
j siu	ART FL 34994		84	City	ity 85 Zip Code
			1	1	"' FL   '
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered					
office or re	egistered agent or both, in the State of	l Florida. Such change was auth	onzea ov	ine co	corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	gistered Age	nt sionat	nature required when reinstating) DATE
12.	OFFICERS AND		13.	•	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change ☐ Addition
NAME	MOFFITT, JOHN W		1.2 NAME		/
l		150	1.3 STREE	T A DODE	DRESS 10 CENTRA Parkway, SWK 325
STREET ADDRESS	10 CENTRAL PARKWAY SUITE	150			1
CITY-ST-ZiP	STUART FL	☐ DELETE	1.4 CITY-S 2.1 TITLE	it-ZIP	Change Addition
TITLE		□ bere ie			, single
NAME			2.2 NAME		
STREET ADDRESS		ent to the second	2.3 STREE	T ADDRE	RESS =
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRE	PRESS
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	p
TILE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREE		DRESS I
1					
'CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	14-71P	Change Addition
TITLE		- DELETE	5.1 IIILE 5.2 NAME		
NAME				T 4DDD	,
STREET ADDRESS			5.3 STREE		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE	de Control of the Con	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRI	DRESS

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:

CITY-ST-ZIP