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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # \$89807

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

ROGER KANSIER & ASSOCIATES, INC.

| 21 26 59-3088115 Suite, Apt. #, etc. 5. Certificate of Status Desired 5.   | Applied For Not Applicable  |
|--|---|
| MAITLAND FL 32751  MAITLAND FL 32751  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed 10/18/1991  2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee   | Applied For Not Applicable  |
| DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 10/18/1991  2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee   | Applied For Not Applicable  |
| 3. Date incorporated or Qualifed 10/18/1991  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 25 59-3088115 Suite, Apt. #, etc. 5. Certifcate of Status Desired 5. Fee   | Applied For Not Applicable  |
| 10/18/1991   2. Principal Place of Business   2a. Mailing Address   4. FEI Number   26   59-3088115  | Not Applicable  |
| 2. Principal Place of Business 2a. Mailing Address 59-3088115 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired   | Not Applicable  |
| 21   | Not Applicable  |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired   | 75 Additional   |
| 5. Certificate of Status Desired Fee   | Additional  |
| 27 799   | Fee Required  |
| City & State 5 Election Campaign Financing 50  | 5.00 May Be   |
|  | dded to Fees  |
| Zip Country Zip Country 8. This corporation owes the current year Intangible   |   |
| 24 25 29 30 Personal Property Tax.   |   |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent   |   |
| 81 Name  | j   |
| KANSIER, ROGER W.  82 Street Address (P.O. Box Number is Not Acceptable)   |   |
| 501 LISA LANE  |   |
| MAITLAND FL 32751  |   |
| 84 City 85 Zi  |   |
| FL   SI   SI   SI   SI   SI   SI   SI   S  | Zip Code  |
|  | l ' l   |
| 11. Pursuant to the provisions of Sections 607.0502 and 60 508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing   | l ' l   |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida Statutes was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations. Section 607.0505, Florida Statutes.  | l ' l   |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.5508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered egent, or both, in the State of Florest Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I and familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  | l ' l   |
| SIGNATURE Signatury, the of or project name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)  DATE   | ping its registered<br>t as registered                              |
| SIGNATURE (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  | jing its registered t as registered                                 |
| SIGNATURE (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DP DELETÉ  1.1 TITLE  Change   | ging its registered it as registered                                |
| SIGNATURE (Signature) (Note: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DP   | ping its registered it as registered  RECTORS IN 12 hange  Addition |
| SIGNATURE   Signat | jing its registered t as registered                                 |
| SIGNATURE   Signat | ging its registered it as registered  RECTORS IN 12 hange  Addition |
| SIGNATURE   Signatury   Need or project name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME  KANSIER, POGER W. 1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  MAITLAND FL  TITLE  DST  DELETE  2.1 TITLE    Change   Cha | ging its registered it as registered  RECTORS IN 12 hange  Addition |
| SIGNATURE    Signatury   Need or proper hand of registered agent and the if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE   | ging its registered it as registered  RECTORS IN 12 hange  Addition |
| SIGNATURE   Signatury   Need or proper head of registered agent and the if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE  | ging its registered it as registered  RECTORS IN 12 hange  Addition |
| SIGNATURE   Signature   Mod or project harde of registered agent and the if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE   | ing its registered t as registered  RECTORS IN 12 hange             |
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| SIGNATURE   Signatury - Noted or project and or organisated agent and the 1 applicability   (NOTE: Registered Agent signature required when reinstating)   DATE  | ing its registered tas registered  RECTORS IN 12 hange              |

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 people 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 busies 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

6.4 CITY-ST-ZIP

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90153 017 \*\*\*150.00