**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	ASSOCIATES, INC.				
Principal Place	of Business	Mailing Address		å låfilåte tet järte esten erta) tettt sear aster	) Diğit Ölüli Gilil Bilin gravı tadı
9090 E BAY DRIVE LARGO FL 33771		3030 E BAY DRIVE LARGO FL 33771		DO NOT WRITE IN TH	IS SPACE
US		US		3. Date Incorporated or Qualifed 11/26/1991	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1120 Belcher Rd. So.		26 1120 Belcher Rd. So.		59-3097397	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27	Ale execution of the second of	5. 05.11.01.0	Fee Required
City & State -		City & State:		**************************************	\$5.00 May Be
23 Largo, Florida		28 Largo, Flor		Trust Fund Contribution	Added to Fees
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax.	
<u> 24   33771</u>	25 USA	29 3 3 7 7 1 3	ol USA	Personal Property Tax.  10. Name and Address of New Registere	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	u Agent
SALIAS	EY, JEFFREY L.		Name	·	
16120 US HIGHWAY 19 N SUITE 210			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 34624			83		
			84 City	F	
office or re agent. I at SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autions of, Section 607.0505, Florid	norizea by the compor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	ointment as registered
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DP	□ DELETE	1.1 TITLE		
NAME	SLOSBERG, EARL M.		1.2 NAME		
STREET ADDRESS	3030 E BAY DR LARGO FL		1.3 STREET ADDRESS	1120 Belcher Rd. So.	
CITY-ST-ZIP	LANGO FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE		□ 2002.0	2.2 NAME		
NAME			2.3 STREET ADDRESS		
STREET ADDRESS			2.4 CITY-ST-ZIP		
CITY-ST-ZIP	grania e romana en	P. DELETE /	3.1 TITLE -	The state of the s	Change Addition
NAME		<del>-</del> - <del>, , -</del>	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ì
			3.4. CITY-ST-ZIP	·	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	Į
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY+ST+ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	· ·	•	6.3 STREET ADORESS		•

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 applicachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

الْمُورِدُةِ M. Slosberg 3/31/99

727-532-9995

FILED Apr 06, 1999 8:00 am Secretary of State

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