## 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 # V08457

BARRY D. CAROTHERS, P.A.

Principal Place	of Business	Mailing	Address				1	i iddii diinii antai iniis dina gisii	*********	<b>(6)) (((())</b>	*
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6650 WEST INDIANTOWN ROAD		#200					.	-		٠.	
#200   JUPITER FL 33458		JUPITER FL 33458				DO NOT WRITE IN THIS SPACE					
US		US					3.	Date Incorporated or Qualifed		***	
								01/21/1992			
2 Principal D	lace of Business	2a Ma	iling Address			······································		FEI Number		TA	pplied For
	ace of business	$\vdash$	ming Address					65-0388918			ot Applicable
21		26					+	00 00000 10			Additional
Suite, Apt."#, etc.			Suite, Apt. #, etc.				5.	Certifcate of Status Desired			equired
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City & State		L City	City & State					Election Campaign Financing	$\Box$ .		May Be
23		28					$oldsymbol{ol}}}}}}}}}}}}}}}}}$	Trust Fund Contribution		Added	to Fees
Zip Country		Zip	Zip Country					This corporation owes the current	nt year Inta		
24 25		29	29 30				<u>.</u>	Personal Property Tax.	,	☐ Yes	□No
100		Registere	d Agent				10.	Name and Address of New Re	gistered A	Agent	
	OTHERS, BARRY			8	11 N	lame					
CAR	OTHERS, BARRY			L	2 5			O D . N N . A			
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11. Pursuant	to the provisions of Sections 607.0502	and 607.1	508, Florida Statute	s, the abo	ve-na	amed corpor	ration	submits this statement for the p	urpose of o	changing its	s registered
office or r	egistered agent, or both, in the State of familiar with, and accept the obligation	r Flonda. S	ouch change was au	monzeo b	אַע װוּפּע	corporation	15 00	ald of directors. I fieleby accept	ine appon	itinent as i	egistorea
Tate : agent. La	m familiar with, and accept the obligation	ons or, sec	ction 607.0505, Flori	ida Statute	es.						
11%	m ramiliar with, and accept the obligation	ons or, Sec	ction 607.0505, Flori	ida Statute	es.						
SIGNATURE	Signature, typed or printed name of registered agent	13.5						einstating)	DATE		
11%	*	and title if appli	licable. (NOTE:				when re		DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and title if appli	licable. (NOTE:	Registered Ag	gent sig	nature required	when re	einstating)	DATE		
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if appli	icable. (NOTE:	Registered Ag	gent sig	nature required	when re	einstating)	DATE	D DIRECT	ORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND PD CAROTHERS, BARRY	and title if appli	ilcable. (NOTÉ: DRS DELETE	13. 1.1 TITLE	gent sig	nature required v	when re	einstating)	DATE	D DIRECT	ORS IN 12
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

ANTH ME GO IN THE COM

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

[ ] DELETE

**FILED** 

Feb 02, 1999 8:00am

**Secretary of State** 

02-02-1999 90022 017 \*\*\*150.00

☐ Change

☐ Addition