


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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90217 002 ***150.00



| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|--|--|---|--|
| DOCUMENT # V14914 1. Corporation Name HOLAN & ASSOCIATES, INC. | | | |
| Principal Place of Business 3115 S OCEAN BLVD. APT 701 HIGHLAND BCH FL 33487 US | | Mailing Address 3115 S OCEAN BLVD. APT 701 HIGHLAND BCH FL 33487 US | |
| 2. Principal Place of Business 21 5802 Seashell Terr Suite, Apt. #, etc. 22 City & State 23 Boynton Beach, FL Zip Country 24 33437-4251 25 | | 2a. Mailing Address 26 5802 Seashell Terr Suite, Apt. #, etc. 27 City & State 28 Boynton Beach, FL Zip Country 29 33437-4251 30 | |
| 9. Name and Address of Current Registered Agent HOLAN, ARNOLD 3115 S OCEAN BLVD, APT 701 HIGHLAND BCH FL 33487 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5802 Seashell Terrace 83 84 City Boynton Beach FL 85 Zip Code 33437 | |
| 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 registered agent, or both, in the State of Florida. Such change was authorized by the 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: Registered Agent signature required when reinstating) DATE | | | |
| 12. OFFICERS AND DIRECTORS TITLE PSTD NAME HOLAN, ARNOLD STREET ADDRESS 3115 S OCEAN BCH APT 701 CITY-ST-ZIP HIGHLAND BCH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 5802 Seashell Terrace 1.4 CITY-ST-ZIP Boynton Beach, FL 33437-4251 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0363950