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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V21534 1. Corporation Name

STREET ADDRESS

M.L. SULLIVAN & ASSOCIATES, INC.

Principal Plac	e of Business	Mailing Address							
1403 VENTNOR		1403 VENTNOR AVE			•				
TARPON SPRIN	VGS FL 34689	TARPON SPRINGS FL 34689			•	DO NOT WRITE IN THIS SPACE			
U\$	·	US .				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 03/17/1992			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Applied For	
21						59-3112881	П	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5 Codificate of Status Decised	\$8.7	5 Additional	
22						5. Certifcate of Status Desired	' Fee	Required	
City & Star	te	City & State				6. Election Campaign Financing	\$5.0	00 May Be	
23	,	28				Trust Fund Contribution	Add	ed to Fees	
Zip	Country	Zip Country			•	8. This corporation owes the current year Int	angible.		
24	25 29		30			Personal Property Tax.	Yes	TXN0	
•	9. Name and Address of Current F	Registered Agent				10. Name and Address of New Registered	Agent		
	Park Cinne		ε	B1	Name	•	•		
SULLIVAN, MICHAEL L.				82 Street Address (P.O. Box Number is Not Acceptable)				•	
1400	VENTNOR AVE CONTES, MO.		ľ	02	Street Addre	ess (P.O. Box Number is Not Acceptable)			
TAR	PON SPRINGS FL 34689		8	В3	•		1114.1	11 Elect 2001 (20)	
			-		011	1. 44 公司公司公司公司公司司司司司司司司司司司司司司司司司司司司司司司司司司	(A) 2 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	211 (04) 3/40 (49)	
:			*	B4	City		85 2	ip Code	
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statutes	s, the abo	ove	-named corpo	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	changing	its registered .	
* office or i	registered agent, or both, in the State of im familiar with, and accept the obligation	Florida. Such change was aut ns of, Section 607.0505, Florid	thorized to da Statut	by t es.	he corporatio	n's board of directors. I hereby accept the appoin	ntment as	registered	
SIGNATURE						<i>3</i>		1	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: I				egistered Agent signature required					
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE .	PD	☐ DELETE	1.1 TITLE			#31128S1	Chan	ge Addition	
NAME	SULLIVAN, MICHAEL L.		1.2 NAM	E					
STREET ADDRESS	1403 VENTNOR AVE		1.3 STRE	EETA	ADDRESS				
CITY+ST-ZIP	TARPON SPRINGS FL		1.4 CITY	- ST-	-ZIP			15	
TITLE				LE Char			ge Addition		
NAME	. SULLIVAN, ARLENE J 221			Æ		•			
STREET ADDRESS	1403 VENTNOR AVENUE			EET /	ADDRESS				
CITY-ST-ZIP	TARPON SPRINGS FL Comments		2.4 CITY-ST-ZIP			• • • • • • • • • • • • • • • • • • •	٠ .		
TITLE COLUM	The state of the s	☐ OELETE	3.1 TITLE	E		· ·	Chan	ge Addition	
NAME /	THE RED WIS, NO.		3.2 NAM	Ε		·			
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS	- Transition (Applied Topics) Applied Topics (Applied Topics)	50 (49.3	ing region of the state of the	
CITY-ST-ZIP	TON SPRINGS A DONE		3.4. CITY	r-st	-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	4.1 TITLE	_	· · · ·		Chan	ge ¹ 2 Addition	
NAME YERRYO			4. 2 NAW						
STREET ANDRESS			43 STRE	EET A	ADDRESS .				
CITY-ST-ZIP	PRESENTED TO THE STATE OF THE S	98	1		1	•			
TITLE		☐ DELETE	4.4 CITY-S 5.1 TITLE		·ZIF		Chan	ge . □ Addition	
NAME			5.2 NAME			76 Y 119 W			
	÷ '				ADDRESS	A grant A sector			
STREET ADORESS	PO					1931(198)	-		
CITY-ST-ZIP	ORACIONISTA PRESENTATIONES	DELETE	5.4 CITY-S 6.1 TITLE		· CIF	See to a see	Chan	ge Addition	
TITLE	TABLE ASSOCIATION OF E	□ nere ie	6.2 NAMI					e Hyddiga	
NAME ·	TARPON SPRICES SE				ADDRESS			ş,	
STREET VULDESS	process of the contract of the				n n w				

6.4 CITY-ST-ZIP

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90028 006 ***150.00



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 of sustee 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, in or an affecting that it is not an address, with all other like empowered.