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PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS FILED Apr 28, 1999 8:00 am Secretary of State 04-28-1999 90067 016 ***150.00

CR2E034 (11/98)

DOCUMENT # V29729

1. Corporat on Name

SIGNATURE:

KATHLEEN E. DALEY & ASSOCIATES, INC.

Principal Place	of Business	Mailing Address					1 18 811 811919	(1818 18411 18910 1				
108 EAST JEFF	erson street		EAST JEFFERSON STREET									
SUITE C	EL 00004	SUITE C	Suite C Tallahassee FL 32301				DO NOT WRITE IN THIS SPACE					
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301						3. Da	3. Date Incorporated or Qualifed					
							/20/1992				İ	
2 Principal Pl	ace of Business	2a. Mailing Address					I Number			Aı	ppl ed For	
1	400 01 040111035	26					-3118389				ot Applicable	
Suite, Art.	#. etc.	Suite, Apt. #, etc.								\$8.75	Additional	
2		27				5. Ce	rtifcate of Sta	itus Desired		Fee R	equir ed	
City & State	9	City & State				6. Ele	ectior Campa	ign Financing		\$5.00	Vay Be	
3		28				Tri	ist Fund Con	tribution		Added	to Fees	
Zip	Country	Zip	Cou	ntry		8. Th	is co poratior	owes the cur	rent year			
4	25	29	30				rsonal Prope			☐ Yes	[]No	
	9. Name and Address of Current	Registered Agent				10. Na	me and Add	ress of New	Register	eil Agent		
DALI	V KATHIEEN C			81	Name							
	EY, KATHLEEN E.			82	Street	Ad Iress (P.O.	Box Number	is Not Accep	table)		-	
103 EAST JEFFERSON STREET SUITE C												
	AHASSEE FL 32301			83								
IALL	ANASSEE FL 32301			84	City					85 Zip	Code	
	to the provisions of Sections 607.0502				-					• [_	_	
agent. I a	egistered agent, or both, in the State or m familiar with, and accept the obligation	ons of, Section 607.0505,	, Fk rida Stati	ites.	ю согре	Jianon's board	0.0.00073.	, (10100) 4000	.p ap		9	
	Stonature, broad or printed partie of registered agent	and title if applicable (f	NOTI : Registered	Agent s	signature ri	eau red when reinst	ating)		DATE			
12.	Signature, typed or printed nar ie of registered agent OFFICERS AND		NOTI : Registered	Agent s	signature ri	equired when reinst ADI		NGES TO O		AND DIRECTO	ORS IN 12	
			13.			ADI	DITIC NS/CHA		FFICERS		ORS IN 12	
12. TITLE NAME	OFFICERS AND	DIRECTORS	13.	TLE		ADI	DITIC NS/CHA	UEF. CL	FFICERS	AND DIRECTO		
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14. Hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(j). 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.