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

1. Corporation	NAME # V46039	9			01-21-1999 90010	018 ****150.00	
1	Y & ASSOCIATES, INC.						
SOWIL	T & ASSOCIATES, ING.						
							H
Principal Plac	ce of Business	Mailing Address				HI BINI NON GIGH WINK DIN 17	II.
480 FAIRFORD		<u>-</u>					
DULUTH GA 30	=	480 FAIRFORD LANE DULUTH GA 30097					
us		US			DO NOT WRITE IN TI	HIS SPACE	
 					3. Date Incorporated or Qualifed		
					06/23/1992		
⊢	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	_
21		26			65-0349035	Not Applicab	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	te	City & State			0.51.41.4.51.51.4.51		
23		28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Countr	v	This corporation owes the current year		Ť
24	25	29	30	,	Personal Property Tax.	Yes No	
<u> </u>	9. Name and Address of Curre		100,		10. Name and Address of New Registers	ed Agent	ヿ
			81	Name			
	IWARTZ, DAVID A.		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		_
ſ	1 W. Broward Blvd.		02	Street Au	diess (F.O. box Number is Not Acceptable)		
1	TE 204		83			3 4 4 4 5 5	
PLA	NTATION FL 33324		84	City	<u>·</u>	85 Zip Code	4
}			64	City	F	L as Zip Code	
	A CONTRACTOR OF THE CONTRACTOR		I .	1	•		
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Stat	utes, the abov	re-named cor	rporation submits this statement for the purpose	of changing its registered	3
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was	authorized by	the corpora		of changing its registered	t
office or r agent. I a	registered agent, or both, in the State	e of Florida. Such change was	authorized by	the corpora	rporation submits this statement for the purpose	of changing its registered	t t
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14. I hereby certify that the information supplied with this filing does indicated on this annual report or supplemental annual report is officer or director of the corporation of the receiver or trusted en Block 12 or Block 13 if changed or on an attachment with In account. s to qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State