

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

03-11-1999 90027 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000071692

1. Corporation Name
ASSOCIATES INCORPORATED



Principal Place of Business 6425 15TH STREET. E. SARASOTA FL 34243	Mailing Address 6425 15TH STREET. E. SARASOTA FL 34243
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	6425 15th St. E.	26	Same	08/17/1998	
22. City & State		27. City & State		4. FEI Number	
23 Bradenton Fla.		28		65-0870231	
24 34243		25 USA		29	
30		31		32	

Applied For	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CHONG, WILLIAM
7927 LONGBAY BOULEVARD
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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]* DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	William Chong	<input type="checkbox"/> DELETE
STREET ADDRESS	7927 Longbay Blvd.	<input type="checkbox"/> DELETE
CITY-ST-ZIP	Sarasota, Fla. 34243	<input type="checkbox"/> DELETE
TITLE	Sole officer director	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: 2/9/99 DAYTIME PHONE: 752-1414

CR2E034 (11/98)