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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90066 038 \*\*\*150.00

	MENT # 678005	5							
1. Corporation	Name OUNTING ENTERPRISES,	<del>-</del>							
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200 S. WASHIN	IGTON BLVD		SHINGTON BLVD						
10 Sarasota Fl	24120	10 Sarasota	EL 34236		٠.,	DO NOT WRIT	E IN THIS SPA	CE	
US	34230	US	16 34230			3. Date Incorporated or Qualifed			
	·	•	-	-	* -	07/10/1980		21	
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number			lied For
21		26				59-2020602			Applicable
Suite, Apt.	#, etc.	<b>├</b> ─┐	Apt. #, etc.			5. Certifcate of Status Desired		5.75 Ad Fee Red	dditional
City & State		27   City &	State		<del></del>	6 Floring Compaign Financing		5.00 N	
23 City & State	e .	28 City ta	Otale			Election Campaign Financing     Trust Fund Contribution		Added to	
Zip	Country	Zip		Country	<del></del>	8. This corporation owes the curre	ent year Intangib	le	
24	25	29	3	10		Personal Property Tax.	□Y	es [	□No
	9. Name and Address of Curre	ent Registered A	gent			10. Name and Address of New R	egistered Agen	t	
ODIE	OF DAME O			81	Name	,			1
1	GEL, DAVID B			82	Street Add	dress (P.O. Box Number is Not Acceptal	ble)		
200 S WASHINGTON BLVD STE #10									
	# 10 ASOTA FL 34236			83					ļ
J.,	MOOTA 1 E 04200			84	City		FL 85	Zip C	ode
	1. W	-02d 607 4E09	Elorida Statutne	the about	named co	rporation submits this statement for the	nurnose of chan	ina its r	registered
l office of r	ocietored agent or both in the Stati	e of Florida Such	i change was auti	nonzed by	the corbora	tion's board of directors. I hereby accept	t the appointmen	nt as reg	istered
agent. I a	m familiar with, and accept the oblig	gations of, Section	n 607.0505, Florid	da Statutes					
agent. I a SIGNATURE		gations of, Section	1 607.0505, Florid	a Statutes		ired when reinstating)	DATE		
1	Signature, typed or printed name of registered ag	gations of, Section	607.0505, Florid	a Statutes			DATE		RS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE: