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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90035 025 \*\*\*150.00

1999	
DOCUMENT #	43079
D IT 1	LAUCE INC

1. Corporation	on Name ( ) O I					
R00	sevelT HOUSE, 1	NC.				
· '	ce of Business	Roosevelt Ho	•			
945 MERIDIAN Ave. 945 Meridian A		•				
MIANI BEACH, FL 33139 Miami Beach, F		FL 33139	DO NOT WRITE IN TH	IS SPACE		
				3. Date Incorporated or Qualifed		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Apı	plied For
21		26		65-0900553	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re	
-City'& Stat	te	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added to	o'Fees ====
Zip	Country Country	Zip Zip	Country	8. This corporation owes the current year I		
24	25		30	Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	d Agent	
	RLES L. PROUTY		81 Name			
945 MERIDIAN Ave., #14		82 Street Add	fress (P.O. Box Number is Not Acceptable)			
'''	72139	•	83			
MIAM	. BEACH, FL 38139		84 City	F	L 85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named cor	poration submits this statement for the purpose of	of changing its	registered
	registered agent, or both, in the State o am fan⁄itiar with, and <b>≜</b> ccept the øbligati			ion's board of directors. I hereby accept the app	ointment as reg	gistered
		OHS OI, SECTION OUT JUSTS, FIUNC	ja Sialules.			ı
1	1 had Day	<i>L</i> ~	ja Statules.	3-11-99	7	
SIGNATURE	Signature, typed or printed name of registered agent	Pres, and title inapplicable. (NOTE: F	Registered Agent signature requi	red when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	Pres, and title irapplicable. (NOTE: F	Registered Agent signature requi		AND DIRECTO	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT	Pres, and title irapplicable. (NOTE: F	tagistered Agent signature requirements.  1.1 TITLE	red when reinstating) DATE		[] Addition
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT	Pres, and title irapplicable. (NOTE: F	tagistered Agent signature required 13.  1.1 TITLE  1.2 NAME	red when reinstating) DATE	AND DIRECTO	[] Addition
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT PROUTY, Charles que meridian Ave.	Pres, and title il applicable. (NOTE: F D DIRECTORS  DELETE  L. #14	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) DATE	AND DIRECTO	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT PROUTT, Charles QUE Meridian Ave. MIAMI BEACH, FL. 3	Pres, and title if applicable. (NOTE: F D DIRECTORS  DELETE  L. # /4 33139	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating) DATE	AND DIRECTO	Addition 7
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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 all attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Pres.

305-665-5-661

Daytime Phone #