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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 652084

NELSON J. HENDRIKSE, P.A.

Principal Plac	ce of Business	Ma	ailing Address				- I FBD(B B(D D) B F B	OBIOLIONI BIBI	Biggi biggi bibit bib	(I BIBIA BIBIA RBA
13200 S.W. 128 STREET 13200 S.W. 128 ST										
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MIAMI FL 33186			MIAMI FL 33186				DO NOT WRITE IN THIS SPACE			
US							3. Date Incorporated or Qualifed			
1	•						01/11/1980			
2. Principal f	Place of Business	2a.	Mailing Address				4. FEI Number	· · · · · · · · · · · · · · · · · · ·		Applied For
21		26					59-1996324			Not Applicable
Suite, Apt	t. #, etc.	,	Suite, Apt. #, etc.						\$8.75	Additional
22		27					5. Certificate of Status Des	ired 🗌		Required
City & Sta	ate		City & State				6. Election Campaign Fina	ncina	\$5.0	0 May Be
23 28				•			Trust Fund Contribution			d to Fees
Zip	Country		Zip	Cou	intry	****	8. This corporation owes t	ne current ve		
24	25	29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Currer		tered Agent	11			10. Name and Address of	New Regist	ered Agent	
		;			81	Name				
	NDRIKSE, NELSON J									
7401 SW 148 ST			į			Street Addres	ss (P.O. Box Number is Not A	(cceptable)		
MIA	MI FL 33158				83		1.5	15.5	115.15	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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1223-02-2	440 Hb	00 1 00	07.4500 51-22-04-4	-1 41	Щ			,		
	to the provisions of Sections 607.050 registered agent, or both, in the State					-named corpor he corporation	ration submits this statement i's board of directors. I hereby	or the purpo accept the	se of changing i appointment as	registered
Marriagent. I a	am familiar with, and accept the obliga	ations of,	Section 607.0505, F	lorida State	utes.	·	•	•		Ĭ.
I (45)										
SIGNATURE		•								
	Signature, typed or printed name of registered age			_	Agent	signature required w	when reinstating)	DA		
12.	Signature, typed or printed name of registered age OFFICERS AN		CTORS	13.		signature required w	ADDITIONS/CHANGES		S AND DIRECT	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN P HENDRIKSE, NELSON		CTORS	13.	ΠE	signature required w	ADDITIONS/CHANGES		S AND DIRECT	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
12. TITLE	Signature, typed or printed name of registered age OFFICERS AN P HENDRIKSE, NELSON 7401 SW 148 ST.		CTORS	13. 1.1 TII	TLE VME	signature required w	ADDITIONS/CHANGES		S AND DIRECT	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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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 repeiver 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 my any adjactment with an addies, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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