

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

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90059 045 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G58266

1. Corporation Name
2065, INC.

Principal Place of Business 401/420 SE 12 CT FT LAUDERDALE FL 33316 US	Mailing Address 401/420 SE 12 CT FT LAUDERDALE FL 33316 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 09/06/1983	
4. FEI Number 59-2320183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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

KIDWELL, JACQUELINE H.
1110 S. FLAMINGO RD.
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name HEATH, JACQUELINE H	
82 Street Address (P.O. Box Number is Not Acceptable) 10603 NE 120ST	
83 0	
84 City OKeechoBee	85 Zip Code FL 34972

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: **1-13-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KIDWELL, JACQUELINE H.	
STREET ADDRESS	1110 S. FLAMINGO RD.	
CITY-ST-ZIP	DAVIE FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	KIDWELL, JACQUELINE H	
STREET ADDRESS	1110 S. FLAMINGO RD.	
CITY-ST-ZIP	DAVIE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KIDWELL, JACQUELINE H	
STREET ADDRESS	1110 S. FLAMINGO RD.	
CITY-ST-ZIP	DAVIE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RICKEY LYNN HEATH	
STREET ADDRESS	1110 S PLAMINGO RD	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HEATH, JACQUELINE H	
1.3 STREET ADDRESS	10603 NE 120ST	
1.4 CITY-ST-ZIP	OKeechoBee Florida 34972	
2.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HEATH, JACQUELINE H	
2.3 STREET ADDRESS	10603 NE 120ST	
2.4 CITY-ST-ZIP	OKeechoBee Florida 34972	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HEATH, JACQUELINE H	
3.3 STREET ADDRESS	10603 NE 120ST	
3.4 CITY-ST-ZIP	OKeechoBee Florida 34972	
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HEATH, RICKY LYNN	
4.3 STREET ADDRESS	10603 NE 120ST	
4.4 CITY-ST-ZIP	OKeechoBee FL 34972	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE: *[Signature]* DATE: **1-13-99** (954) 524-3312

Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (11/98)