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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M52053

1. Corporation ULRICH	INVESTMENT CORPORATION								
Principal Place of Business Mailing Address							Til Billie Sibil di	1011 81811 18 <b>9</b> 1	
6306 WAXMYRTLE CR. TAMARAC FL 33319  6306 WAXMYRTLE CR. TAMARAC FL 33319									
			IARAC FL 33319			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						06/01/1987			
2. Principal P	lace of Business	2a.	Mailing Address	<del></del>		4. FEI Number	Apr	plied For	
21		26				59-2819928	Not	t Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	I .	
22		_ 27					Fee.Re		Ê
City & State	e	$\vdash$	City & State			6. Election Campaign Financing	\$5.00 ( Added to	•	
23	Country	28	Zip	Country	<u> </u>	Trust Fund Contribution  8. This corporation owes the current year Interest of the Control of th		J 1 663	
Zip	Country	29	ZIP 3	·		Personal Property Tax.		□No	
24	9. Name and Address of Current			<u> </u>		10. Name and Address of New Registered	Agent		
<u></u>				81	Name			_	
	DLEBROOKS, PAMELA M., EQ.			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
220 SE 10TH STREET					Oll Oct Add	Albas (F. Co. Box Hamber)			
FT. I	Lauderdale fl 33316			83				1	
				84	City		85 Zip C	Code	
						<u> </u>	.     '		
agent. I a	to the provisions of Sections 607.050/ egistered agent, or both, in the State of m familiar with, and accept the obligation	2 and 60 of Floridations of,	07.1508, Florida Statutes a. Such change was aut Section 607.0505, Florid	rthe abov horized by la Statutes	e-named corporat the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoin	ntment as reg	gistered	•
SIGNATURE	Signature, typed or printed name of registered agen	t and title if	applicable. (NOTE: R	egistered Age	nt signature requir	red when reinstating) DATE			í
12.	OFFICERS AN	D DIREC		13.		ADDITIONS/CHANGES TO OFFICERS AN		RS IN 12	,
TITLE	P		☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	;
NAME	ULRICH, STEVEN L.			1.2 NAME					6
STREET ADDRESS	6306 WAXMYRTLE CIRCLE				TADDRESS			}	į
C/TY-ST-ZIP	TAMARAC FL			1.4 CITY-S	IT-ZIP		☐ Change	Addition	1
TITLE	ST		☐ DELETE	2.1 TITLE		•	Cuange	L Addition	
NAME	ULRICH, RAGNHILD, K			2.2 NAME		•	•		
STREET ADDRESS	6306 WAXMYRTLE CIR.				TADDRESS				
CITY-ST-ZIP	TAMARAC FL		☐ DELETE	3.1 TITLE	ST-ZIP		Change	☐ Addition	=
TITLE :			- DECC. L	3.2 NAME					
NAME ATREET ARRESTS	,				TADDRESS	•		ţ	
STREET ADDRESS				3.4. CITY-				i	
CITY-ST-ZIP			☐ DELETE	4.1 TITLE	<u> </u>		Change	Addition	
NAME	•			4. 2 NAME				}	
STREET ADDRESS				l .	T ADDRESS			ļ	
CITY-ST-ZIP				4.4 CITY-5					
TITLE			☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME	· ·			5.2 NAME					
STREET ADDRESS	:			5.3 STREE	T ADDRESS				
CITY-ST-ZIP				5.4 CITY- S	ST-ZIP				
TITLE			☐ DELETE	6.1 TITLE			☐ Change	☐ 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90009 032 \*\*\*158.75