Mailing Address

1812 SW 31 AVE

PROFIT -CORPORATION ANNUAL REPORT 1999

Principal Place of Business

1010 CW 21 AVE



DOCUMENT # P95000052448

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

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| 817 CORP. | | |
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| PEMBROKE PARK | | | PEI | MBROKE PA | RK FL 33009 | 9 | | | | | | DO NOT V | DITE IN | ı THIC : | SDACI | = | |
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| | | | | | | | | | | " | | 07/07/1995 | | | | | |
| 2. Principal Plac | ce of Business | | 2a. | Mailing Ad | dress | | | | | - 4 | | FEI Number | | | | Apr | died For |
| 21 | | | 26 | | | | | | | | | 65-066545 <u>3</u> | | _ | | Not | Applicable |
| Suite, Apt. #, | etc. | | | Suite, Apt. | #, etc. * | | | | | _ . | 5 | Certificate of Status Desired | ı 🗆 | | | | dditional |
| 22 | | | 27 | | | | | | | ` | •. | | | _ | | e Red | <u> </u> |
| City & State | | | | City & Stat | e | | | | | 6 | | Election Campaign Financi | ng 🗆 | | | | May Be |
| 23 | | | 28 | - Zin | | | intry | , | | - | _ | Trust Fund Contribution | | | | | Fees |
| Zip | 25 | Country | 29 | Zip | 1 | 30 | n iii y | , | | { | | This corporation owes the Personal Property Tax. | current y | | ingible X∐ Ye: | | □No |
| 24 | | Address of Current | 11 | tered Agen | t | 30] | l | | | | | Name and Address of Ne | w Regis | | | | |
| | , name and | | | | | | 81 | N | ame | | = | | | | | | |
| DINER | , Jesse H | | | | | | 82 | C-1 | raat A | ddrocc | /D | .O. Box Number is Not Acc | antable) | | | | |
| | Tyler Stree | | | | | | 02 | احا | reet A | auress i | (F. | .O. Bux Number is Not Acc | splatie) | | | | |
| HOTTA | YWOOD FL 33 | 020 | | | | | 83 | | | | | | | | | | |
| | | | | | | | 84 | C | tre | | | | | | 85 | Zip C | ode |
| | | | | | | | | - | • | | | | | FL | | • | |
| office or red | ristered agent, o | r both, in the State of | i Floric | da. Such cha | ande was ai | uthonzed | עס נ | the | med c | orporati ation's | ion bo | submits this statement for pard of directors. I hereby a | the purp cept the | ose of e appoin | changi itment | ng its i as reg | registered istered |
| | familiar with, an | d accept the obligation | ons of, | , Section 60 | 7.0505, Floi | nda Stat | utes | S. | | | | | | | | | |
| SIGNATURE si | Ignature, typed or print | ed name of registered agent | and trite | if applicable. | (NOTE: | Registered | l Ager | nt sign | ature re | edw beniup | n re | einstating) | C | ATE | | | |
| 12. | | OFFICERS AND | DIRE | | | 13. | | | , | | A | ADDITIONS/CHANGES TO | OFFICE | RS AN | | | |
| | DP | | | | DELETE | 1.1 TI | TLE | | | | | | | | Ch | ange | Additio |
| , | KELSEY, CHA | | | | | 12 N | AME | | | | | | | | | | |
| | 1812 SW 31 A | | | | | 1.3 S | TREET | TADD | RESS | | | | | | | | |
| | | ARK FL 33009 | | | | | | T-ZIP | | | _ | | | _ | ∏ Ch | 222 | ☐ Additio |
| | ST SIGNA | 00 | | Ц | DELETE | 2.1 TI | | | | | | | | | По | ange | |
| | BEIDL, RICHA | | | | | 2.2 N | | | | | | | | | | | |
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| | PEMBRUKE P | ARK FL 33009 | | П | DELETE | 2. 4 C | | ST-ZIF | <u>'</u> | | - | | | | ПСН | ange | Additio |
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| NAME expect appears | | | | | | ı | | TADO | RESS | | | | | | | | |
| STREET ADDRESS | | | | | | | | ST-ZIF | | | | | | | | | |
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| STREET ADDRESS | | | | | | 5.3 S | TREE | T ADD | RESS | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | ST-ZIP | | | | | | | | | |
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| CITY-ST-ZIP | | | | | | | | ST-ZIP | | | | | | | | | |
| 4.4 horoby co | rtify that the info | rmation cumplied with | thic fi | ilina dage na | at accolify for | r tha ave | mot | tion s | hatets | in Secti | ion | 119.07(3)(i), Florida Statut | hid I aa | ther cert | urv tha | t the it | normation |

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.

Charles M. Kelsey J. Pres. 4/26/99 954–981–8073

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

Date

Daytime Phone #

SIGNATURE: